

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL025-221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 03/10/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLESSED HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1025 PLYMOUTH DRIVE NEW BERN, NC 28562</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on March 10, 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 Disabilities.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</li> </ol>	V 112	<p><b>DHSR - Mental Health</b></p> <p><b>MAR 28 2022</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Christine Campbell* TITLE: *Provider/Juror* (X6) DATE: *3-23-22*

STATE FORM 6899 OFMJ11

If continuation sheet 1 of 20

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain written consent or agreement for the treatment/habilitation or service plan by the legally responsible person for 3 of 3 clients (#1, #2, and #3) and to develop and implement strategies based on assessment affecting 1 of 3 clients (#3). The findings are:</p> <p>Reviews on 3/09/22 and 3/10/22 of client #1's record revealed: - 32 year old male admitted to the facility 12/31/13. - Diagnoses included Autism Spectrum Disorder with language impairment, Intellectual/Developmental Disability, severe/profound, and Affective Mood Disorder. - Client #1's home county Department of Social Services (DSS) was his guardian. - Individual Support Plan dated 9/19/21 with no guardian signature.</p> <p>Reviews on 3/09/22 and 3/10/22 of client #2's record revealed: - 57 year old male admitted 2/09/09. - Diagnoses included Intellectual/Developmental Disability, mild, Schizoaffective Disorder, bi-polar type, Hypertension, Seizure Disorder, and Chronic Obstructive Pulmonary Disease. - Client #2's mother was his guardian. - Individual Support Plan dated 9/19/21 with no guardian signature.</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Reviews on 3/09/22 and 3/10/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 31 year old female admitted 9/16/17.</li> <li>- Diagnoses included Intellectual/Developmental Disability, moderate, Other Specified Schizophrenia, Other Psychotic Disorder, and Sickle Cell Anemia.</li> <li>- Client #3's home county DSS was her guardian.</li> <li>- Individual Support Plan dated 4/01/21 and updated 9/19/21 with no guardian signature.</li> <li>- The Individual Support Plan did not include a goal or strategies to address client #3's behavior of changing clothing throughout the day.</li> </ul> <p>During interviews on 3/09/22 and 3/10/22 the Owner/Licensee stated:</p> <ul style="list-style-type: none"> <li>- Client #3 would constantly change her clothes if not closely monitored; her access to her clothing was limited, she could ask staff and they would assist her with the clothes in her closet.</li> <li>- She changed management companies in September 2021.</li> <li>- The new management company had never worked with a group home licensed for Supervised Living.</li> <li>- She knew there were no guardian signatures on the plans.</li> <li>- She offered to get the guardians' signatures on the plans, but the Qualified Professional told her it was okay to put the statement "Unable to sign due to COVID-19" on the plans.</li> <li>- "I didn't feel good about it."</li> <li>- She maintained contact with the guardians and would get signatures on the plans.</li> </ul>	V 112	<p>The Management Company has reviewed the notebooks that were left in the home for the Provider.</p> <p>The Management Company has resubmitted the ISPs along with the signature pages that include the following information as listed in #'s (1) through (6).</p> <p>The ISP and the SRG plan do include the "Unable to sign due to COVID-19" as Appendix K has authorized since March of 2020.</p> <p>That information was shared with the Provider. A copy of the information has been printed and shared with the provider and included with this POC to confirm that the Appendix K flexibilities have been extended until 06/30/2022 by the state of NC.</p> <p>The QP will review the notebook and look in section 5 at each monitoring session to ensure that the ISP and SRGs are filed in that section along with the signature pages.</p> <p>During monitoring sessions, the QP will review with the provider the contents of what is to be in each section of the notebook and answer any questions that the provider may have at the session.</p>	03-22-2022
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each</p>	V 113		

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V 113	<p>Continued From page 3</p> <p>individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <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> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(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>	V 113		
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V 113	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain a complete record for 3 of 3 clients (#1, #2, and #3). The findings are:</p> <p>Reviews on 3/09/22 and 3/1/22 of client #1's facility record revealed:</p> <ul style="list-style-type: none"> <li>- 32 year old male admitted to the facility 12/31/13.</li> <li>- His home county Department of Social Services (DSS) was his Guardian.</li> <li>- Diagnoses included Autism Spectrum Disorder with language impairment, Intellectual/Developmental Disability, severe/profound, and Affective Mood Disorder.</li> <li>- Consent forms, including consent for emergency care and treatment electronically signed by a Qualified Professional (QP) and dated 9/19/21 included the statement "Unable to sign due to COVID-19" on the guardian signature line.</li> <li>- No Guardian consent to seek emergency care and treatment.</li> </ul> <p>Reviews on 3/09/22 and 3/10/22 of client #2's facility record revealed:</p> <ul style="list-style-type: none"> <li>- 57 year old male admitted 2/09/09.</li> <li>- His mother was his Guardian.</li> <li>- Diagnoses included Intellectual/Developmental Disability, mild, Schizoaffective Disorder, bi-polar type, Hypertension, Seizure Disorder, and Chronic Obstructive Pulmonary Disease.</li> <li>- No consents.</li> <li>- No consent for emergency care and treatment</li> </ul>	V 113	<p>The Management Company has reviewed the notebook. The present consents that are in the notebooks include signatures, "Unable to sign due to COVID-19".</p> <p>The consents are valid based on Appendix K flexibilities. A copy of that information is included confirming that the Appendix is approved through 06-30-2022.</p> <p>The consents and information in sections 1, 2, and 4 of the notebook cover the requests of 1-8 of section V113.</p> <p>The QP will monitor the sections listed above during monthly visits to determine if the information should be updated.</p> <p>The Management Company has contacted the PCP and requested Physician orders and the Pharmacy to request prescriptions in to ensure that the pill packs and Physician Orders are an identical match.</p> <p>The information will be updated on the MARs and the RN for the Managing Company will review meds on rotation weekly to ensure that the documents match and that the Provider has the current prescription and Physician Orders to document MARs.</p> <p>The Provider will create a notebook to punch holes in the prescriptions as received from the pharmacy and file all prescriptions chronologically to maintain current prescriptions.</p> <p>During monitoring sessions, the QP will review with the provider the contents of what is to be in each section of the notebook and answer any questions that the provider may have at the session.</p>	<p>03-22-2022</p> <p>03-31-2022</p>
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V 113	<p>Continued From page 5</p> <p>signed by his Guardian.</p> <ul style="list-style-type: none"> <li>- No emergency information.</li> </ul> <p>Reviews on 3/09/22 and 3/10/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 31 year old female admitted 9/16/17.</li> <li>- Her home county DSS was her Guardian.</li> <li>- Diagnoses included Intellectual/Developmental Disability, moderate, Other Specified Schizophrenia, Other Psychotic Disorder, and Sickle Cell Anemia.</li> <li>- Consent forms, including consent for emergency care and treatment electronically signed by a Qualified Professional (QP) and dated 9/17/21 included the statement "Unable to sign due to COVID-19" on the guardian signature line.</li> <li>- No Guardian consent to seek emergency care and treatment.</li> </ul> <p>During interview on 3/10/22 the Owner/Licensee stated:</p> <ul style="list-style-type: none"> <li>- She contracted with a new management company in September 2021.</li> <li>- The management company had never worked with a licensed group home before.</li> <li>- She knew the Guardians' signatures were required on the consents and asked the QP about getting the signatures.</li> <li>- She offered to get the signatures herself.</li> <li>- "I told her (the QP) I would get the signatures and she said it was okay, she would just put that statement on them. I didn't feel good about that."</li> <li>- She could get the Guardian signatures on the consents.</li> </ul>	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS</p>	V 114		

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V 114	<p>Continued From page 6</p> <p><b>AND SUPPLIES</b></p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Reviews on 3/09/22 and 3/10/22 of the facility's fire and disaster drill records revealed no documented fire or disaster drills for September 2021 through March 2022.</p> <p>During interviews on 3/09/22 the Owner/Licensee stated:</p> <ul style="list-style-type: none"> <li>- Fire and disaster drills were completed monthly.</li> <li>- Drills were conducted on all shifts as required.</li> <li>- She contracted with a new management company in September 2021.</li> <li>- She sent fire and disaster drill documentation to the management company when the drills were completed.</li> <li>- They could not find documentation of any fire or disaster drills from September to present.</li> </ul>	V 114	<p>The Managing Company reviewed the notebooks. The Emergency Disaster Plan has been placed in the notebook for each member. This will give the Provider easy access. This plan will be updated annually.</p> <p>The Fire/Disaster Drills are located in back flap of the notebook. These drills will be completed monthly by the Provider and/or staff on shift. Also, other drills will be completed so that drills other than Fire Drills are reviewed as well.</p> <p>Drills are to be submitted monthly by the 5<sup>th</sup> of the month for the previous month.</p> <p>The Agency Consultant will review the Disaster drills with the Provider and staff to ensure that they know where the drills are and how to complete the drills.</p>	<p>03-22-2022</p> <p>04-10-2022</p>

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V 114	Continued From page 7 - She would maintain a copies of drill documentation at the facility going forward.	V 114		
V 116	27G .0209 (A) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.	V 116		



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V 116	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to assure that dispensing of medications was restricted to persons authorized by law to do so, affecting 1 of 3 clients (#3). The findings are:</p> <p>Reviews on 3/09/22 and 3/1/22 of client #1's record revealed: - 32 year old male admitted to the facility 12/31/13. - Diagnoses included Autism Spectrum Disorder with language impairment, Intellectual/Developmental Disability, severe/profound, and Affective Mood Disorder. - Signed physician's order dated 1/25/22 for lorazepam (sedative) 1 mg 1 tablet three times daily.</p> <p>Observation on 3/09/22 at approximately 11:20 am and 3/10/22 at approximately 11:25 am of client #1's lorazepam on hand revealed: a bubble card of lorazepam 1 mg 1 tablet four times daily, dispensed by the pharmacy 2/07/22 with 5 pill bubbles cut off of the lower right side of the card.</p> <p>During interview on 3/10/22 the Owner/Licensee stated she would cut pill bubbles off client #1's lorazepam bubble card and give the medication to client #1's "community networking" staff to administer at the day program. She would speak with the pharmacy about dispensing lorazepam specifically for the client to have at the day program.</p>	V 116	<p>Medications will be administered by the daily frequency as ordered by the PCP.</p> <p>If members need to receive meds at another facility that facility will be responsible for obtaining the med orders and the medication.</p> <p>Medication will be monitored on a weekly rotation to ensure accuracy and an identical match across from the pill pack to the physician's order.</p> <p>Provider and staff will receive MANDATORY recert of Med Admin. Training.</p>	04-10-2022

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V 118	Continued From page 9	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(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>	V 118		

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V 118	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to keep MARs current and to administer medications as ordered by a physician for 3 of 3 clients (#1, #2, and #3) . The findings are:</p> <p>Reviews on 3/09/22 and 3/10/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 32 year old male admitted to the facility 12/31/13.</li> <li>- Diagnoses included Autism Spectrum Disorder with language impairment, Intellectual/Developmental Disability, severe/profound, and Affective Mood Disorder.</li> <li>- Signed and dated physician's orders for medications included: 1/25/22 <ul style="list-style-type: none"> <li>- lorazepam (sedative) 1 milligram (mg) take one tablet every 4 hours daily: 7:30, 11:30 15:30 (3:30 pm)</li> </ul> </li> <li>1/05/22 <ul style="list-style-type: none"> <li>- quetiapine (antipsychotic) 100 mg 1 tablet twice daily 7:30 am and 3:30 pm</li> <li>- imipramine (antidepressant) 25 mg 1 tablet three times daily</li> <li>- guanfacine (treats attention deficit hyperactivity disorder and high blood pressure) 1 mg 1 tablet twice daily</li> </ul> </li> <li>12/13/21 <ul style="list-style-type: none"> <li>- levothyroxine (treats hypothyroidism) 112 mcg (micrograms) 1 tablet daily</li> </ul> </li> <li>10/05/21 <ul style="list-style-type: none"> <li>- quetiapine 300 mg 1 tablet at bedtime 7:30 pm</li> </ul> </li> <li>9/14/21 <ul style="list-style-type: none"> <li>- vitamin D3 (treats vitamin D deficiency) 2000 units 1 capsule daily</li> <li>- rosuvastatin (treats high cholesterol) 10 mg 1 tablet daily</li> <li>- oxcarbazepine (anti-convulsant) 600 mg 1 tablet twice daily</li> </ul> </li> </ul>	V 118	<p>Medications will be administered by the daily frequency as ordered by the PCP.</p> <p>Provider and staff will receive MANDATORY recert of Med Admin. Training.</p> <p>Medication will be monitored on a weekly rotation to ensure accuracy and an identical match across from the pill pack to the physician's order.</p> <p>The QP will ensure that meds are being administered accurately during each monthly visit.</p> <p>The QP met with Provider 03-21-2022 to review Policy and Orientation, again.</p>	<p>04-10-2022</p> <p>03-21-2022</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL025-221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLESSED HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1025 PLYMOUTH DRIVE NEW BERN, NC 28562</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 118	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>- polyethylene glycol (PEG) 3350 (laxative) mix 17 grams in 8 ounces of beverage and drink daily</li> <li>- No signed physicians order for Nitro-Bid Ointment 2% (treats angina).</li> </ul> <p>Observation on 3/09/22 at approximately 11:20 am of client #1's medications on hand revealed:</p> <ul style="list-style-type: none"> <li>- quetiapine 100 mg 1 tablet twice daily, dispensed 1/10/22.</li> <li>- quetiapine 300 mg 1 tablet at bedtime, dispensed 3/07/22.</li> <li>- vitamin D3 2000 units 1 capsule daily, dispensed 2/07/22.</li> <li>- lorazepam 1 mg 1 tablet three times daily, dispensed 2/07/22.</li> <li>- levothyroxine 112 mcg 1 tablet daily, dispensed 2/07/22.</li> <li>- rosuvastatin 10 mg 1 tablet daily, dispensed 3/07/22.</li> <li>- imipramine 25 mg 1 tablet three times daily, dispensed 2/07/22.</li> <li>- guanfacine 1 mg 1 tablet twice daily, dispensed 3/07/22.</li> <li>- oxcarbazepine 600 mg 1 tablet three times daily, dispensed 2/07/22.</li> <li>- PEG 3350 mix 17 grams in 8 ounces of beverage and drink daily, dispensed 2/07/22.</li> </ul> <p>Review on 3/10/22 of client #1's MARs for December 9, 2021 - March 9, 2022 provided by the facility's management company revealed:</p> <ul style="list-style-type: none"> <li>- Transcriptions included: <ul style="list-style-type: none"> <li>- quetiapine 100 mg 1 tablet twice daily at 7:30 pm and 3:30 pm; documented as administered at 7:30 am; no documentation of administration at 3:30 pm.</li> <li>- quetiapine 200 mg 1 tablet at 7:30 pm; no transcription for quetiapine 300 mg 1 tablet at bedtime.</li> <li>- vitamin D3 2000 units, no documentation of</li> </ul> </li> </ul>	V 118		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL025-221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R 03/10/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLESSED HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1025 PLYMOUTH DRIVE NEW BERN, NC 28562</b>
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V 118	<p>Continued From page 12</p> <p>administration.</p> <ul style="list-style-type: none"> <li>- lorazepam "0.5 mg tablet take 1 tablet by mouth 3 times a day, 8am, 4pm, and 8 pm;" no documentation of administration at 8:00 pm; the MARs for the 11:30 am dose include the transcription "Lorazepam 4 times a day" with no dosing information; documented as administered by the Owner/Licensee Monday - Friday.</li> <li>- levothyroxine "125 mcg tab (tablet) take 1 tablet by mouth in the morning 1 hour before eating or 2 hours of eating on an empty stomach 8am;" no documentation of administration.</li> <li>- rosuvastatin 10 mg 1 tablet by mouth daily; no documentation of administration.</li> <li>- imipramine 25 mg "take 1 tablet by mouth 3 times a day 8am, 4pm, and 8pm;" no documentation of administration at 4:00 pm.</li> <li>- guanfacine 1 mg "take 1 tablet by mouth 3 times a day 8am, 4pm, and 8pm."</li> <li>- oxcarbazepine 600 mg "take 1 tablet by mouth 3 times a day 8am, 3pm, and 8pm;" no documentation of administration at 3:00 pm.</li> <li>- PEG 3350 "mix 1 capful (17gm) in 8 ounces of liquid and drink once a day 8am;" no documentation of administration.</li> <li>- Nitro-Bid 2% Ointment apply daily 8am, 4pm, and 8pm; documentation of administration daily at 8am.</li> </ul> <p>Reviews on 3/09/22 and 3/10/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 57 year old male admitted 2/09/09.</li> <li>- Diagnoses included Intellectual/Developmental Disability, mild, Schizoaffective Disorder, bi-polar type, Hypertension, Seizure Disorder, and Chronic Obstructive Pulmonary Disease.</li> <li>- Physician's orders signed 12/14/21 for risperidone (antipsychotic) 3 mg 2 tablets at bedtime.</li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL025-221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2022</b>
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V 118	<p>Continued From page 13</p> <p>Observation on 3/09/22 at approximately 12:00 pm of client #2's medications on hand revealed: - Risperidone 3 mg 2 tablets at bedtime, dispensed 2/07/22.</p> <p>Review on 3/10/22 of client #2's MARs for December 9, 2021 - March 9, 2022 provided by the facility's management company revealed: - Transcription for risperidone 3 mg "take 4 tablets by mouth every night at bedtime;" documentation that 4 tablets were administered nightly.</p> <p>Reviews on 3/09/22 and 3/10/22 of client #3's record revealed: - 31 year old female admitted 9/16/17. - Diagnoses included Intellectual/Developmental Disability, moderate, Other Specified Schizophrenia, Other Psychotic Disorder, and Sickle Cell Anemia. - Signed and dated physician's orders for medications included: 1/06/22 - vitamin B12 (supports healthy blood cells) 1000 mcg 1 tablet daily 9/16/21 - aripiprazole (antipsychotic) 5 mg 1 tablet at bedtime 9/10/21 - vitamin D2 (vitamin D deficiency) 50000 units 1 capsule weekly - No signed physician's order for Mupirocin 2% Ointment (topical antibiotic).</p> <p>Observation on 3/09/22 of client #3's medications on hand revealed: - aripiprazole 5 mg 1 tablet at bedtime, dispensed 2/07/22. - vitamin B12 1000 mcg 1 tablet daily, dispensed 3/07/22.</p>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL025-221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLESSED HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1025 PLYMOUTH DRIVE NEW BERN, NC 28562</b>
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V 118	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>- vitamin D2 1.25 mg (50000 units) 1 capsule weekly, dispensed 3/07/22.</li> </ul> <p>Review on 3/10/22 of client #3's MARS for December 9, 2021 - March 8, 2022 provided by the facility's management company revealed:</p> <ul style="list-style-type: none"> <li>- Transcriptions included: <ul style="list-style-type: none"> <li>- aripiprazole 5 mg 1 tablet by mouth at bedtime with documentation the medication was administered daily at 8:00 am.</li> <li>- vitamin B12 1000 mcg 1 tablet daily with no documentation of administration..</li> <li>- vitamin D2 1.25 mg (50000 units) 1 capsule weekly, with with documentation the medication was administered daily.</li> <li>- Mupirocin 2% Ointment apply to affected areas twice daily 8:00 am and 8:00 pm, with documentation the medication was applied daily at 8:00 am.</li> </ul> </li> </ul> <p>During interviews on 3/09/22 and 3/10/22 the Owner/Licensee stated:</p> <ul style="list-style-type: none"> <li>- The clients attended day programs Monday thru Friday 8:30 am - 3:30 pm.</li> <li>- Client #1 took his 11:30 dose of lorazepam while at his day program; she documented administration of client #1's 11:30 am doses of lorazepam on the facility's MARs.</li> <li>- Client #1 did not receive Nitro-Bid Ointment.</li> <li>- She had never given Mupirocin 2% Ointment to client #3.</li> <li>- Client #3 took her vitamin D on Fridays only.</li> <li>- She administered all medications according the the instructions on the pharmacy labels.</li> <li>- She did not understand why there were issues with the MARs; "In the software you hit 'previous' and 'save' and all the medications will come down; it's a template that's been made and it shows everything up there. The software populates your initials in the document showing</li> </ul>	V 118		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL025-221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLESSED HAVEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1025 PLYMOUTH DRIVE NEW BERN, NC 28562</b>		
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V 118	Continued From page 15  the medications were administered." - She changed management companies in September 2021 and recently began using an electronic MAR software. - The management company did not do any formal orientation or MAR training. - She did not know who was supposed to make changes to the MARs in the software; she thought it was either the management company or the pharmacy. - She used an application on her cell phone to complete the MARs, she did not understand the MARs on the desktop computer.	V 118		
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 interviews the facility failed to obtain drug regimen reviews for 3 of 3 clients (#1, #2, and #3) who received	V 121	<i>Psychotropic obtain Review on 3-11-22</i>	



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V 121	<p>Continued From page 16</p> <p>psychotropic medications. The findings are:</p> <p>Reviews on 3/09/22 and 3/1/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 32 year old male admitted to the facility 12/31/13.</li> <li>- Diagnoses included Autism Spectrum Disorder with language impairment, Intellectual/Developmental Disability, severe/profound, and Affective Mood Disorder.</li> <li>- Signed and dated physician's orders for psychotropic medications as follows:</li> </ul> <p>1/25/22:</p> <ul style="list-style-type: none"> <li>- lorazepam (sedative) 1 mg 1 tablet three times daily.</li> </ul> <p>1/05/22:</p> <ul style="list-style-type: none"> <li>- quetiapine (antipsychotic) 100 milligrams (mg) 1 tablet twice daily.</li> <li>- imipramine (antidepressant) 25 mg 1 tablet three times daily.</li> </ul> <p>10/05/21:</p> <ul style="list-style-type: none"> <li>- quetiapine 300 mg 1 tablet at bedtime.</li> </ul> <p>9/14/21:</p> <ul style="list-style-type: none"> <li>- mirtazapine (antidepressant) 7.5 mg 1 tablet at bedtime.</li> <li>- No documented drug regimen reviews.</li> </ul> <p>Reviews on 3/09/22 and 3/10/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 57 year old male admitted 2/09/09.</li> <li>- Diagnoses included Intellectual/Developmental Disability, mild, Schizoaffective Disorder, bi-polar type, Hypertension, Seizure Disorder, and Chronic Obstructive Pulmonary Disease.</li> <li>- Signed and dated physician's orders for psychotropic medications as follows:</li> </ul> <p>12/30/21:</p> <ul style="list-style-type: none"> <li>- clozapine (antipsychotic) 100 mg 3 tablets (300 mg) at bedtime</li> </ul> <p>12/14/21:</p>	V 121		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL025-221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLESSED HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1025 PLYMOUTH DRIVE NEW BERN, NC 28562</b>
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V 121	<p>Continued From page 17</p> <ul style="list-style-type: none"> <li>- risperidone (antipsychotic) 3 mg 2 tablets at bedtime 9/16/21:</li> <li>- atenolol (antihypertensive) 25 mg 1 tablet daily. 9/14/21:</li> <li>- divalproex (anti-convulsant) 250 mg 2 tablets in the morning, 3 tablets at bedtime.</li> <li>- No documented drug regimen reviews.</li> </ul> <p>Reviews on 3/09/22 and 3/10/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 31 year old female admitted 9/16/17.</li> <li>- Diagnoses included Intellectual/Developmental Disability, moderate, Other Specified Schizophrenia, Other Psychotic Disorder, and Sickle Cell Anemia.</li> <li>- Signed and dated physician's orders for psychotropic medications as follows: 12/30/21:</li> <li>- doxepin (antidepressant) 10 mg 1 capsule at bedtime.</li> <li>9/16/21:</li> <li>- aripiprazole (antipsychotic) 5 mg 1 tablet at bedtime.</li> <li>- No documented drug regimen reviews.</li> </ul> <p>During interview on 3/10/22 the Owner/Licensee stated:</p> <ul style="list-style-type: none"> <li>- She did not have drug regimen reviews for the clients.</li> <li>- The requirement for drug regimen reviews to be completed every 6 months for clients who took psychotropic medications was never explained to her.</li> <li>- She would call the pharmacy and have drug regimen reviews scheduled every 6 months.</li> </ul> <p>This deficiency has been cited 3 times since the original cite on 9/07/18 and must be corrected</p>	V 121	<p>The Medication Reviews have been completed by the pharmacy.</p> <p>Provider and staff will receive MANDATORY recert of Med Admin. Training.</p> <p>The QP will give reminders as the 6 month period is approaching for the next review in September of 2022 as the monitoring visits take place.</p> <p>The Technology Coordinator will set reminders to send the Provider emails reminding her to schedule the 6 month med review for the members.</p> <p><i>Psychotropic obtain Review on 3-11-22</i></p>	03-21-2022  04-10-2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL025-221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2022</b>
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V 121	Continued From page 18 within 30 days.	V 121		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean and orderly manner. The findings are:</p> <p>Observation on 3/09/22 at approximately 10:15 am revealed:</p> <ul style="list-style-type: none"> <li>- The finish on the dining table was worn and the upholstery on the seating was cracked and worn.</li> <li>- Client #1's bedroom light switch was pushed into the wall.</li> <li>- The painted surface of the wall at the head of client #1's bed was worn.</li> <li>- A round hole consistent with damage from the door knob to the wall behind client #1's bedroom door.</li> <li>- A glass table lamp stored on the floor under a chair in client #1's bedroom.</li> <li>- Client #1's ceiling had a coating of dust around the ceiling fan.</li> <li>- Client #2's ceiling had a coating of dust around the ceiling fan.</li> <li>- 3 bulbs in client #3's ceiling fan were not working.</li> </ul>	V 736		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL025-221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2022</b>
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V 736	<p>Continued From page 19</p> <ul style="list-style-type: none"> <li>- Client #2's shower and toilet bowl had dark staining.</li> <li>- Client #2's toilet paper holder was broken and 2 screws protruded from the wall.</li> <li>- Damage to the ceiling in the hall bathroom.</li> <li>- The exhaust vent in the hall bathroom had a heavy coating of dust.</li> <li>- Damage to the wall at the bathtub in the hall bathroom.</li> <li>- The toilet paper holder in the hall bathroom was broken.</li> <li>- The light switch in the hall bathroom was protruding from the wall.</li> <li>- The handrails at the top of the stairs were unsteady.</li> <li>- Black scuffs on the floor at the front door.</li> </ul> <p>During interview on 3/09/22 the Owner/Licensee stated:</p> <ul style="list-style-type: none"> <li>- Client #1 would hit his head on his bedroom wall; she had his room painted following the last annual survey.</li> <li>- The exhaust vent in the hall bathroom was very dusty; she would have it cleaned.</li> <li>- The hall bathroom was damaged several years ago and the property owner had made some repairs, but the bathroom needed to be renovated.</li> <li>- The black scuffs on the floor at the front door were probably a result of furniture being moved.</li> <li>- She was considering moving the facility to another location.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<p>The Provider has contacted the landlord to request repairs be completed within 30 days.</p> <p>If any repairs are not completed or have not been scheduled within 15 days, the licensee will arrange for the repair to be completed and obtain reimbursement from the landlord.</p> <p>Items from the list that require cleaning or replacing will be done by the licensee or staff within the 30-day timeframe.</p> <p>The QP will use this list of items as a monitoring tool on the next visit after the 30day period to ensure that the items are repaired, cleaned, and upgraded.</p>	04-15-2022