

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 03/03/2022 |
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| NAME OF PROVIDER OR SUPPLIER THE VAUGHN-FAMILY HOME 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 105 NEIL STREET GOLDSBORO, NC 27530 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 3, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of audits of 3 current clients.</p> | V 000 | | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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 interviews, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 3/3/22 of facility records, from 3/1/21 - 2/28/22 revealed:</p> | V 114 | | |

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

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| V 114 | <p>Continued From page 1</p> <p>-There were no fire drills documented between October 1, 2021 - February 28, 2022.</p> <p>-There were no disaster drills documented between October 1, 2021 - February 28, 2022.</p> <p>Interview on 3/3/22 with client #1 stated: -He had participated in fire and disaster drills at the facility. -He could not remember the last drill he participated in.</p> <p>Interview on 3/3/22 client #2 stated: -He participated in fire drills. -The clients would meet across the street during a drill.</p> <p>Interview on 3/3/22 client #3 stated: -He participated in fire and disaster drills at the facility.</p> <p>Interview on 3/3/22 staff #</p> <p>Interview on 3/3/22 the Licensee stated: -Some of the fire and disaster drills had not been done due to the pandemic. -He understood fire and disaster drills were to be completed 1 per shift per quarter.</p> | V 114 | | |
| V 118 | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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</p> | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to keep the MARs current affecting 2 of 3 audited clients (#1 and #3). The findings are:</p> <p> </p> <p>Review on 3/3/22 of client #1's record revealed: -33 year old male. -Admission date of 1/5/09. -Diagnoses of Intellectual Developmental Disability-Mild; Schizoaffective Disorder-Bipolar Type; Bipolar Disorder I Severe-Mixed w/ Psychotic Features.</p> | V 118 | | |

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| V 118 | <p>Continued From page 3</p> <p>Review on 3/2/22 of client #1's Physician orders dated 5/12/21 revealed: -Bisoprolol (treats hypertension/blood flow) 5mg 1 daily.</p> <p>Review on 3/2/22 of client #1's February 2022 and March MARs revealed no staff initials on the following dates to indicate the medication had been given. -Bisoprolol 5mg 2/1/22 - 2/28/22 at 8:00am. -Bisoprolol 5mg 3/1/22 - 3/2/22 at 8:00am.</p> <p>Interview on 3/3/22 client #1 stated: -He took his medications daily. -Sometimes medication ran out but it would get delivered in the box outside.</p> <p>Review on 3/2/22 of client #3's record revealed: -55 year old male. -Admission date of 11/07/12. -Diagnoses of Schizoaffective Disorder, Bipolar Type, Intellectual Disability, General Anxiety Disorder.</p> <p>Review on 3/2/22 of client #3's Physician orders dated 6/1/21 revealed: -Pantoprazole 40mg tab (used to treat acid reflux), 1 daily. -Furosemide 20mg tab (used as a diuretic) 1 daily. -Potassium CL 10 MEQ tab, (treats low potassium) 1 daily -Rosuvastatin 40mg (treats cholesterol) 1 at bedtime.</p> <p>Review on 3/2/22 of client #3's March 2022 MAR revealed a line instead of staff initials to indicate the medication had been administered: -Rosuvastatin 40mg 3/2/22 at 8:00pm.</p> | V 118 | | |

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| V 118 | Continued From page 4 -Pantoprazole 40mg 3/1/22 at 8:00am. -Furosemide 20mg 3/1/22 at 8:00am. -Potassium CL 10 MEQ 3/1/22 -3/22 at 8:00am. Review on 3/2/22 of client #3's March 2022 MAR revealed no staff initials on the following dates to indicate the medication had been administered: -Pantoprazole 4-mg 3/2/22 at 8:00am. -Furosemide 20mg 3/1/22 at 8:00am. Interview on 3/3/22 client #3 stated: -Staff assisted him with taking his medications. -He took his medication daily. Interview on 3/3/22 staff #4 stated: -He had worked at the facility for a while. -Clients received medications as prescribed. During interview on 3/3/22 the Licensee stated: -Medications were delivered to the facility. -He administered the medications. -The medication was administered and he just forgot to initial the MAR. -The line on client #3's March 2022 MAR meant the medication was not available. -He would discuss the medication with the physician. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 118 | | |
| V 123 | 27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION | V 123 | | |

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| V 123 | <p>Continued From page 5</p> <p>REQUIREMENTS</p> <p>(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist immediately of medication errors and documented refusals affecting 1 of 3 clients audited (#1). The findings are:</p> <p>Finding #1: Review on 3/3/22 of client #1's record revealed: -33 year old male -Admitted 1/5/09. -Diagnoses included Bipolar Disorder- Mixed with Psychotic Features, Intellectual Developmental Disability- Mild and Schizoaffective Disorder. - Physician's orders signed and dated 5/12/21 for: Bisporolol 5 milligrams (mg) 1 daily -There was no documentation a pharmacist or the client's physician had been notified immediately when a medication had been missed.</p> <p>Review on 3/3/22 of client #1's MAR for February 2022 and March 1-March 3 2022 revealed: -No documentation for bisporolol 5mg at 8:00am</p> | V 123 | | |

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| V 123 | <p>Continued From page 6</p> <p>for 2/1/222 - 2/28/22.</p> <p>-No documentation for bisporolol 5mg at 8:00am for 3/1/22 - 3/3/22.</p> <p>-No documentation of reasons why the milk of magnesia was not given.</p> <p>-No documented refusals.</p> <p>Interview on 3/3/22 client #1 stated:</p> <p>-He took his medications daily.</p> <p>-Sometimes medication ran out but it would get delivered in the box outside.</p> <p>Interview on 3/3/22 Staff # 4 stated:</p> <p>-He had worked at the facility for a while.</p> <p>-The clients had not refused medications.</p> <p>-Clients received their medications daily.</p> <p>Interview on 3/3/22 the Director stated:</p> <p>-Medications were delivered</p> <p>-He had not contacted the prescribing physician or pharmacist regarding client #1 not receiving the bisoprolol 5mg.</p> <p>-Client #1 had not refused the bisoprolol 5mg.</p> <p>-The medication was administered and he just forgot to initial the MAR.</p> <p>-He did not know why client #1's February 2022 and March 1-3, 2022 MAR for the bisoprolol 5mg had not been documented.</p> <p>-He would discuss the medication with the physician.</p> <p>-He understood medications were to be administered as ordered.</p> | V 123 | | |
| V 131 | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(d2) Before hiring health care personnel into a</p> | V 131 | | |

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| V 131 | <p>Continued From page 7</p> <p>health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete Health Care Personnel Registry (HCPR) check prior to hire for 2 of 4 audited staff (#4, and the Qualified Professional (QP). The findings are:</p> <p>Review on 3/3/22 of staff #4's personnel file revealed: -No evidence of a HCPR check.</p> <p>Review on 3/3/22 of the QP's personnel file revealed: -No evidence of a HCPR check.</p> <p>During interview on 3/3/22 the Licensee stated: -HCPR checks had been completed as a result of the last survey. -The HCPR check was not in staff #4 and the QP's personnel file. -He would ensure the HCPR check was filed in staff #4 and the QP's personnel file.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 131 | | |
| V 736 | 27G .0303(c) Facility and Grounds Maintenance | V 736 | | |

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| V 736 | <p>Continued From page 8</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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 observations and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <ul style="list-style-type: none"> -The hall bathroom had a 4 light, light fixture with 1 not working. -Client #3's 5 drawer dresser had the 5th drawer handle broken and the bottom missing and his closet was missing a knob on the door. -The hall return air vent was covered in heavy dust. <p>Interview on 3/3/22 the licensee stated: -He understood the facility was to be maintained in a safe, clean, attractive and orderly manner.</p> | V 736 | | |