STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-172	A. BUILDING: _____ B. WING _____	R 04/05/2022

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ABHS - 4123 - NORTHFORK	4123 NORTHFORK DRIVE LA GRANGE, NC 28551

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on April 5, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 beds and currently has a census of 3. The survey sample consisted of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. 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 quarterly and repeated on each shift. The findings are: Review on 4/05/22 of the facility's fire and	V 114		

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V 114	Continued From page 1 disaster drill documentation revealed: - No documented fire drills for second shift for the first quarter (January - March) 2022, or the second, third and fourth quarters (April - December) 2021. - No documented disaster drill for the second shift for the third quarter (July - September) 2021. During interview on 4/05/22 the Qualified Professional/Co-Owner stated: - The facility operated with 3 shifts: 1st 7:00 am - 3:00 pm; 2nd 3:00 pm - 11:00 pm; and 3rd 11:00 pm - 7:00 am. - There was no documentation for the missing drills. - A schedule for drills was provided for staff; a fire drill and a disaster drill were to be conducted on each shift every three months.	V 114		
V 118	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	V 118		

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V 118	Continued From page 2 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: Based on record reviews and interviews the facility failed to the MARs current affecting 2 of 3 audited clients (#1 and #3). The findings are: Review on 4/05/22 of client #1's record revealed: - 71 year old male admitted 10/02/13. - Diagnoses included Intellectual/Developmental Disability, moderate; Schizophrenia; Seizure Disorder; Hypertension; high cholesterol; and Glaucoma. - Physician's orders signed and dated as follows: 9/14/21 latanoprost 0.0005% eye drops (glaucoma) 1 drop to each eye at bedtime 1/12/22 Simbrinza 1% - 0.2% eye drops (glaucoma) 1 drop in the right eye only three times daily Review on 4/05/22 of client #1's MARs for February - April 2022 revealed: - Transcriptions for Simbrinza and latanoprost as	V 118		

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V 118	Continued From page 3	V 118		

ordered.
- The following blanks:
  Simbrinza 3/24/22 2:00 pm
  latanoprost 3/14/22, 3/15/22, 2/28/22
- No documented explanation for the blanks.

Client #1 gave no meaningful responses to inquiries about his medications during interview attempted 4/05/22.

Review on 40522 of client #3's record revealed:
- 61 year old male admitted 7/07/14.
- Diagnoses included Intellectual/Developmental Disability, mild; Schizophrenia; Depressive disorder; Seizure Disorder; Cerebral Palsy; and Gastroesophageal Reflux Disease.
- Physician's orders signed and dated 7/29/21 for carbamazepine (anti-convulsant) 200 milligrams 1 tablet four times daily.

Review on 4/05/22 of client #3's MARs for February - April 2022 revealed:
- Transcription for carbamazepine as ordered with blanks for 3/20/22 4:00 pm and 8:00 pm.

During interview on 4/05/22 client #3 stated he took his medications everyday with staff assistance. He had never missed any medications.

During interview on 4/05/22 staff #1 stated he administered medications and medications were always available.

During interview on 4/05/22 staff #4 stated medication administration was one of his job duties; medications were always available.

During interview on 4/05/22 the Qualified Professional/Co-Owner stated medications were

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V 118	Continued From page 4 always available. Medication re-fills were requested before the supply was depleted. She did not know why there were blanks on the MARs, she felt confident the clients received the eye drops as ordered. She would ensure staff were reminded to document medication administration immediately. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a clean, attractive manner. The findings are: Observations on 4/05/22 between 11:50 am and 12:15 pm revealed: - The ceiling fan light fixture had a broken globe that had not been removed from the fixture. - The refrigerator door handle was missing. - 2 kitchen drawer fronts were missing; one beside the refrigerator and one beside the dishwasher.	V 736		

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V 736	Continued From page 5 - The kitchen window blind was broken. - A hole near the outlet in the front wall of client #1's bedroom. - An unpainted repair to the wall under the window in client #1's bedroom. - Multiple nail holes in client #2's bedroom walls. - A brown stain from client #2's light switch towards the floor. - Client #2's box fan had clumps of dust and lint in the grate. - A vertical blind slat on the floor in front of the sliding glass door in client #3's bedroom. - A large hole in the floor of client #3's bathroom vanity cabinet. - 3 bulbs in the 6 bulb fixture over client #3's bathroom sink did not work. - Heavy spider webs on the outside of client #3's bathroom windows. - Mildew stains in the grout in the hall bathroom tub. - Heavy coating of white corrosion on the hall bathroom sink faucet. - Floors throughout the facility were scuffed and scratched. - Some screens were missing from the front windows. - The front storm door drug the ground and was difficult to open and close. - The grassy area by the front door was littered with cigarette butts. During interview on 4/05/22 the Qualified Professional/Co-Owner stated: - She had discussed the need to have the facility painted and the exterior power washed with the property owner. - Staff should ensure the facility was kept clean. - She would consider having the facility professionally cleaned.	V 736		

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V 736	Continued From page 6 This deficiency has been cited three times since the original cite on 3/28/18 and must be corrected within 30 days.	V 736		