

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-180	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/18/2022
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NAME OF PROVIDER OR SUPPLIER HAMILTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3101 HENRY BOULEVARD KINSTON, NC 28504
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 18, 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 currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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 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>	V 118		

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

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V 118	<p>Continued From page 1</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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician affecting one of three clients (#1). The findings are:</p> <p>Review on 04/13/22 of client #1's record revealed: - 30 year old male. - Admission date of 02/28/22. - Diagnoses of Moderate Intellectual Developmental Disability, Persistent Mood (Affective) Disorder unspecified, Hyperlipidemia, Pre Diabetes and Hypothyroidism.</p> <p>Review on 04/13/22 of client #1's signed medication orders dated 03/04/22 revealed: - Desvenlafaxine (treats Major Depressive Disorder) 50 milligrams (mg) take daily in the morning.</p> <p>Review on 04/13/22 of client #1's March 2022 MAR revealed: - Desvenlafaxine not administered and not available on 03/06/22 thru 03/09/22.</p> <p>Interview on 04/13/22 client #1 stated he received his medications as ordered.</p>	V 118		

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V 118	Continued From page 2 Interview on 04/14/22 the Qualified Professional stated: - She understood medications should be administered as ordered. - She would follow up on client #1's medications. Interview on 04/18/22 the Director of Operations stated: - He understood medications were to be administered as ordered.	V 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (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. 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 affecting one of three clients (#1). The findings are: Refer to V118 regarding medication requirements. - Client #1 was not administered Desvenlafaxine from 03/06/22 thru 03/09/22.	V 123		

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V 123	Continued From page 3 - No documentation the physician or pharmacist was notified immediately of the medication error for client #1. Interview on 04/14/22 the Qualified Professional stated: - She understood the physician or pharmacist should be immediately notified of medication errors. Interview on 04/18/22 the Director of Operations stated: - Client #1 was recently admitted to the facility. - Staff are aware to notify the Medical Coordinator for medication errors. - He was aware medication errors should be reported to the physician or pharmacist immediately.	V 123		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and	V 366		

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V 366	<p>Continued From page 4</p> <p>preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the</p>	V 366		

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V 366	<p>Continued From page 5</p> <p>occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Level I incident reports were completed for any medication errors for one of three clients (#1). The findings are:</p> <p>Refer to V118 regarding medication requirements.</p> <ul style="list-style-type: none"> - Client #1 was not administered Desvenlafaxine from 03/06/22 thru 03/09/22. - No documentation of level I incident reports of the medication error for client #1. <p>Interview on 04/18/22 the Director of Operations stated:</p> <ul style="list-style-type: none"> - Client #1 was recently admitted to the facility. - Staff are aware to notify the Medical Coordinator for medication errors. - He was aware medication errors should be documented on an incident report. 	V 366		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</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:</p>	V 736		

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V 736	<p>Continued From page 7</p> <p>Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 04/13/22 at approximately 10:00am revealed:</p> <ul style="list-style-type: none"> - The screen on the back porch was ripped away from the frame. - Food particles were on the floor under the dining room table. - Client #1's bedroom had clothes scattered on the floor. - Client #2's bedroom had bits of debris on the floor. The window blind had 2 broken slats and the sill was dusty. - Client #3's bedroom had dusty ceiling fan blades and pieces of debris were scattered throughout the floor. The bedroom door was cracked. - The hallway bathroom had the shoe molding pulled away from the wall near the commode. <p>Interview on 04/14/22 the Qualified Professional stated she had no questions regarding facility items discussed at exit of the survey.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		