

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/30/2022
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NAME OF PROVIDER OR SUPPLIER HILLPARK GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 175 ELSON AVENUE HENDERSONVILLE, NC 28739
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on March 30, 2022. The complaints were unsubstantiated (Intake #NC00186113 and #NC00186397). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. 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 reviews and interviews, the facility failed to conduct disaster drills quarterly for each shift. The findings are:</p>	V 114		

Division of Health Service Regulation 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>Review on 3-16-22 and 3-17-22 of Fire and Disaster Drills covering the period of July 2021 to March 2022 revealed: -There were no documented disaster drills for second or third shift in the fourth quarter.</p> <p>Interview on 3-16-22 with Client #2 revealed: -He had been a part of fire and disaster drills.</p> <p>Interview on 3-16-22 with Staff #1 revealed: -Fire and disaster drills are completed regularly and logged in the drill book.</p> <p>Interview on 3-16-22 and 3-17-22 with the Qualified Professional (QP) revealed: -Copies of the fire/disaster drills are kept on site as well as a copy held at the main office in Fletcher. -Was aware that there may be a gap in drills. There have been staff turnover recently.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>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; (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.</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 observation, record reviews and interviews the facility failed to keep current the Medication Administration Record (MAR) and administer medications as ordered for 2 of the 3 clients (#2 and #6) audited. The findings are:</p> <p>Review on 3-17-22 of Client #6's record revealed: -Date of Admission: 8-24-16 -Diagnoses: Severe Intellectual and Developmental Disability, Autism, Attention-Deficit/Hyperactivity Disorder -Physician's orders for the following medications ordered on 12-8-21 included: -Murine ear wax removal - Instill 5 drops in each ear once a week. -Nyamyc POW (powder) 100000 - Apply topically to the affected area(s) daily. -Mometasone cream 0.1% - Apply topically to</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>the affected area(s) PRN (as needed). Steroid cream used to treat itching, swollen, and irritated skin.</p> <p>-Triamcinolone cream 0.1% - Apply topically to the affected area(s) of antecubital and forearm twice a day. Topical used to treat the itching, inflammation, and discomfort of skin.</p> <p>Observation on 3-16-22 of Client #6's medications revealed: -Nyamyc POW 100000 had an expiration date of 1-31-22. -Mometasone cream 0.1% was a tube placed inside a clear bag with Administration Instructions/Label affixed to the bag. -The Label showed a dispensed date of 9-23-20 and an expiration date of 9-22-21. -The Label showed the instructions as a daily medication. - Triamcinolone cream 0.1% was not present in the facility.</p> <p>Review on 3-16-22 and 3-17-22 of Client #6's medications, MARs from January 2022 to March 2022, and Physicians orders revealed: -Mometasone cream 0.1% was a tube placed inside a clear bag with Administration Instructions/Label affixed to the bag. - The MAR and Physicians orders were written as a PRN whereas the label was written as a daily medication. -There were no signatures on the MAR that this medication had been administered for the month of March 2022. - Triamcinolone cream 0.1% was listed on the MAR but the medication was not present in the facility. -The MAR listed this medication as a PRN, but the physicians order was written as daily use. -The MAR had been signed off daily between</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>March 1-14.</p> <p>-M urine ear wax removal was documented on the MAR as given every day in January 2022.</p> <p>-On the back of the MAR was a notation on 1-23-22 documenting an error and that the medication had not been given.</p> <p>Review on 3-17-22 of Client #2's record revealed:</p> <p>-Date of Admission: 11-3-21</p> <p>-Diagnoses: Moderate Intellectual and Developmental Disability, Pervasive Developmental Disorder, Impulse Control Disorder, Episodic Mood Disorder, Attention-Deficit/Hyperactivity Disorder, Parkinsonism, Hypotension, Gastroesophageal Reflux Disease</p> <p>-Physician's orders for the following medications ordered on 12-8-21 included:</p> <p>-Ketoconazole 2% shampoo - Alternate use with anti-dandruff shampoo. Used to treat dandruff.</p> <p>-Anti-dandruff shampoo 1% - Apply topically to scalp/beard 3 times a week as directed.</p> <p>Review on 3-16-22 of Client #2 MARs from January 2022 to March 2022 revealed:</p> <p>-For March 2022 showed no signatures for either prescription shampoo.</p> <p>Review on 3-21-22 of Client #2's MARs from January 2022 to March 2022 revealed:</p> <p>-Ketoconazole had signatures up to 3-19-22 with the next date to be given as 3-21-22.</p> <p>-Anti-dandruff shampoo had signatures for March up to and including the date of 3-26-22.</p> <p>-Staff #1's initials were signed for every date for both medications.</p> <p>-Staff #1 worked 11 days between 3-1-22 and 3-18-22.</p> <p>-Staff #1 was the designated staff for</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>administering medications on 3 days between 3-1-22 and 3-18-22.</p> <p>Interview on 3-16-22 with Client #6 revealed: -Client was non-verbal and no information was gathered from interview.</p> <p>Interview on 3-16-22 and 3-21-22 with Client #2 revealed: -Received his medications as prescribed.</p> <p>Interview on 3-16-21 with Staff #1 revealed: -Thought that Mometasone cream 0.1% and Triamcinolone cream 0.1% were the same medication.</p> <p>Interview on 3-28-22 with Staff #2 revealed: -One staff would typically administer medications for the whole shift. There wouldn't be reason for more than one person to sign the MAR on a specific shift. -"I'm not giving my med (medication) keys to anyone."</p> <p>Interview on 3-21-22 with Staff #5 revealed: -"The nurse does oversight on checking the medications and MARs". -The MAR is not to be signed until the medication is given. -"Do not initial (MAR) if not given that day."</p> <p>Interview on 3-17-22 with the Licensed Practical Nurse (LPN) revealed: - Unit clerk was the one who went in sometimes to do a medication house assessment ...once a month. -Mometasone cream 0.1% and Triamcinolone cream 0.1% are not the same.</p> <p>Interview on 3-21-22 with Qualified Professional</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>(QP) revealed:</p> <ul style="list-style-type: none"> -Pre-Covid, the MARs would be brought to the center and checked every day. Post-Covid, a nurse would go to the facility once a week to check the MARs. -"Now it has been up to the House Manager to check them once a week." -Nursing was supposed to do monthly spot checks. -Currently do not have a House Manager for the group home. -The QP has been medication certified but "...typically I don't do a whole lot with meds." -If there was an issue with a medication or MAR, the staff would call a nurse, then the house manager, and then the QP. -MARs should only be signed on the day it is given. "If it was signed it is meaning the medication has been given." -One staff would normally administer medications on a shift. -The Nurse would be the one to highlight the specific day on the MAR for a medication that is not a daily medication. The QP was not sure why that was not done. <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p>	V 131		

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V 131	<p>Continued From page 7</p> <p>(d2) Before hiring health care personnel into a 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 reviews and interviews, the facility failed to check the Health Care Personnel Registry (HCPR) prior to hiring health care personnel. The findings are:</p> <p>Review on 3-17-22 of Former Staff #7's record revealed: -Date of hire: 9-13-21 -HCPR check completed: 1-6-22</p> <p>Review on 3-17-22 of Staff #6's record revealed: -Date of hire: 12-11-17 -HCPR check completed: 8-19-21</p> <p>Interview on 3-17-22 with the Business Manager revealed: -Used to be former Administrator for the Licensee and recently returned as the Business Manager. -"These (HCPR checks) are the only ones in the files."</p>	V 131		