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	MHL054-178	A. BUILDING: _____ B. WING _____	R 04/18/2022

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ESSEX	2505 HOGES ROAD KINSTON, NC 28504

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on April 18, 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 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
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 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.	V 118		

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V 118	Continued From page 1 (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 administer medications on the written order of a physician affecting one of three clients (#1). The findings are: Review on 04/13/22 and 04/14/22 of client #1's record revealed: - 60 year old male. - Admission date of 02/04/19. - Diagnoses of Traumatic Brain Injury, Schizophrenia, Bipolar Disorder, Anxiety Disorder, Chronic Obstructive Pulmonary Disease and Vitamin D Deficiency. Review on 04/13/22 and 04/14/22 of client #1's signed physician orders dated 12/06/21 revealed: - Nicotine Patch (quit smoking aid) - apply 1 patch to skin daily. - Omeprazole (treats reflux disease) 20 milligrams (mg) - once daily. Review on 04/13/22 and 04/14/22 of client #1's physician order dated 03/08/22 revealed: - Atorvastatin (lowers cholesterol) 20mg - take one at bedtime. Review on 04/13/22 and 04/14/22 of client #1's MARs from February 2022 thru April 2022	V 118		

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V 118	Continued From page 2 revealed: April 2022 - No nicotine patch application was documented as applied from 04/01/22 thru 04/08/22. - No Atorvastatin was documented as administered from 04/01/22 thru 04/10/22 (No medication available). March 2022 - Atorvastatin - "Med (medication) not available" 03/08/22 and 03/22/22 thru 03/31/22. February 2022 - Omeprazole - "out of this medication" on 02/28/22. Interview on 04/13/22 client #1 stated he received his medications daily. Interview on 04/13/22 staff #2 stated client medications should be restocked when the supply gets down to 7 days. Interview on 04/14/22 the Qualified Professional stated: - The staff should document when medications are administered. - Staff notify the Medical Coordinator with medication issues. [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 REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be	V 123		

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V 123	Continued From page 3 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 the nicotine patch from 04/01/22 thru 04/08/22. - Client #1 was not administered Atorvastatin 03/08/22, 03/22/22 thru 03/31/22 and 04/01/22 thru 04/10/22. - Client #1 was not administered Omeprazole on 02/28/22. - No documentation the physician or pharmacist was notified immediately of the medication errors for client #1. Interview on 04/14/22 the Qualified Professional stated: - She understood the physician or pharmacist was to be notified of medication errors. - The Medical Coordinator provided oversight of the medications at the facility. Interview on 04/18/22 the Director of Operations stated:	V 123		

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V 123	Continued From page 4 - He was aware that the physician or pharmacist should be notified of medication errors. - He would follow up on medication issues with the Medical Coordinator.	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 preventive measures; (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall	V 366		

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V 366	Continued From page 5	V 366		

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:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(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:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(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
(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

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V 366	Continued From page 6 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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. 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: Refer to V118 regarding medication requirements. - Client #1 was not administered the nicotine patch from 04/01/22 thru 04/08/22. - Client #1 was not administered Atorvastatin	V 366		

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V 366	Continued From page 7 03/08/22, 03/22/22 thru 03/31/22 and 04/01/22 thru 04/10/22. - Client #1 was not administered Omeprazole on 02/28/22. - No level I incident reports were completed for the medication errors. Interview on 04/18/22 the Director of Operations stated: - He was aware that level I incident reports should be generated for medication errors. - He would follow up on medication issues with the Medical Coordinator.	V 366		
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 safe, clean, attractive and orderly manner. The findings are: Observation on 04/13/22 at approximately 1:50pm revealed: - Client #1's bedroom window blinds were broken and a crack in the wall near the bed. The walls had dark scuff marks. The carpet had bits of debris on the surface and was discolored in several areas.	V 736		

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V 736	Continued From page 8 - Client #2's bedroom had 3 broken slats in the window blinds. The carpet was soiled with dark stains and bits of debris were scattered on the floor. - The hallway bathroom mirror was was smeared with a cloudy substance. Interview on 04/13/22 the Day Support Coordinator stated client #1 would urinate on the floor in his room which caused a discoloration of the carpet. Interview on 04/14/22 the Qualified Professional stated: - Client #1 had a history of urinating on his floor. - She would speak with the maintenance supervisor to address the carpet in client #1's bedroom.	V 736		