

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/22/2022
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NAME OF PROVIDER OR SUPPLIER MAIN ST UNIVERSAL GROUP HOME 1	STREET ADDRESS, CITY, STATE, ZIP CODE 904 NATIONAL DRIVE GOLDSBORO, NC 27534
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 22, 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>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement strategies for one of three audited clients (Former Client #6). The findings are:</p> <p>Review on 4/21/22 of former client #6's (FC#6) record revealed:</p> <ul style="list-style-type: none"> - 29 year old female. - Admitted 1/17/17 and discharged 4/01/22. - Diagnoses included Bipolar 1 Disorder; Borderline Personality Disorder; Intellectual/Developmental Disability, mild; and Seizure Disorder. - Person Centered Profile (PCP) dated 4/08/21 included goals to "maintain her mental stability," maintain good hygiene and keep her personal space clean; seek employment; unsupervised time in the home and community; and "budget." - No strategies for any of the listed goals. <p>During interview on 4/22/22 the Director stated all of the PCP's, including FC#6's, were "sent back" following the survey completed 4/16/21 for the addition of appropriate strategies for each goal. She would provide a copy of FC#6's revised plan which included strategies via email by 2:00 pm on 4/22/22.</p> <p>No updated plan was received from the Director.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		

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V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to store medications in a refrigerator used for food items were kept in a locked compartment or container for 1 of 5 current clients (#4). The findings are:</p> <p>Observation of the contents of the facility's kitchen refrigerator on 4/21/22 at approximately 5:00 pm revealed: - An unlocked metal box contained 2 boxes of Tresiba Flextouch injection pens (diabetes); 1 box</p>	V 120		
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V 120	Continued From page 3 of Bydureon BCise injection pens (diabetes); and 2 boxes of Lantus insulin pens (diabetes), all with pharmacy labels for client #4. During interview on 4/21/22 the Director stated she would make sure a lock was placed on the metal box that contained client #4's insulin pens.	V 120		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider	V 367		

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V 367	<p>Continued From page 4</p> <p>shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>(3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure level II incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are:</p> <p>Review on 4/21/22 of the North Carolina Incident Response Improvement System (IRIS) revealed no incident reports submitted by the facility February 2022 - April 2022.</p> <p>Review on 4/21/22 of client #3's record revealed: - 33 year old male admitted 12/18/17. - Diagnoses included Schizoaffective Disorder; Intermittent Explosive Disorder; Personality Disorder with anti-social traits; Schizophrenia; Other Persistent Mood (Affective) Disorder; and Intellectual/Developmental Disability.</p> <p>Review on 4/21/22 of client #3's Medication Administration Records for February 2022 - April</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>2022 revealed client #3 did not receive his medications 3/08/22 - 3/14/22.</p> <p>Client #3 declined to participate in an interview; he stated he was not feeling well and did not want to talk.</p> <p>During interview on 4/21/22 the Director stated:</p> <ul style="list-style-type: none"> - Client #3 was in the hospital 3/08/22 - 3/14/22 due to a behavioral incident during which he broke a window. - The incident occurred during a period of medication adjustment. - She submitted an incident report and she had an incident report number assigned by IRIS. - The incident occurred on 3/07/22 and the IRIS report was submitted on 3/12/22. - The LME sent her an email notice the report was submitted late. - She understood the requirement to submit incident reports within 72 hours of the incident. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		
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 of the facility on 4/22/22 at approximately 5:00 pm revealed:</p> <ul style="list-style-type: none"> - The stove ventilation hood was rusty. - Damage to the wall above and to the side of the stove. - The cabinets under the kitchen sink were cluttered with various pots, pans and other kitchenware. - Wood dust and particles covered the dishes in the kitchen cabinet under the sink. - Damage to the front wall in client #3 and #6's shared bedroom. - A dresser with one broken drawer, missing a drawer front. - A golf ball sized hole in the wall behind client #2 and client #4's bedroom door. - No cover on the light fixture in client #2 and client #4's bathroom. - 2 missing drawer pulls on client #1's chest of drawers. - The toilet seat in the hall bathroom was loose and askew on the toilet bowl. - Ceramic floor tiles in the hall bathroom were cracked and felt loose when stepped upon. - The floor in front of the toilet in the hall bathroom was soft and gave way slightly when stepped upon. - The air return grate in the hallway had a coating of dust. - The wall paper in the hallway was peeling at the seams. - The vinyl floor covering was damaged at the living room door to the hallway. - The floors in the living room and the kitchen were noticeably sloped. - Various items, including a small Christmas tree, 	V 736		

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V 736	<p>Continued From page 8</p> <p>were stored in the living room in front of and beside the covered fireplace; all items had a coating of dust.</p> <ul style="list-style-type: none"> - The sliding glass doors in the dining room had an opaque white stain that covered the entire door. <p>During interview on 4/22/22 the Director stated:</p> <ul style="list-style-type: none"> - She understood reason for the deficiency being re-cited. - She was in contact with someone on 4/21/22 about needed repairs. - She was aware of issues with flooring and in particular the hall bathroom floor "giving" when stepped on in front of the toilet. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		