

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601387 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 04/27/2022 |
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| NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE-SARDIS | STREET ADDRESS, CITY, STATE, ZIP CODE 151 NORTH SARDIS ROAD CHARLOTTE, NC 28270 |
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| {V 000} | <p>INITIAL COMMENTS</p> <p>A follow-up survey was completed on 4/27/22. Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities</p> <p>This facility is licensed for 6 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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| Division of Health Service Regulation 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 records review, observations and interviews, the facility failed to ensure a Medication Administration Record (MAR) of all drugs administered to each client was kept current and medications administered were recorded immediately after administration affecting 3 of 3 clients(#1, #2, #3). The findings are:</p> <p>Finding #1: Review on 4/27/22 of client #1's record revealed: -admission date of 6/1/21; -diagnosis of TBI(Traumatic Brain Injury); -physicians' orders dated 3/13/22 for the following medications: Clozapine 25mg two tablets daily(antipsychotic), Clozapine 100mg two tablets daily(antipsychotic), simvastatin 40mg one tablet daily(high cholesterol), Multivitamin one tablet daily(supplement) and omeprazole 20mg one tablet twice daily(GERD/gastroesophageal reflux disease).</p> <p>Observation on 4/27/22 at 10:58am of client #1's medications revealed: -Clozapine 25mg two tablets daily dispensed 4/19/22; -Clozapine 100mg two tablets dispensed 4/25/22; -simvastatin 40mg one tablet daily dispensed</p> | {V 118} | | |

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| {V 118} | <p>Continued From page 2</p> <p>4/25/22; -Multivitamin one tablet daily over the counter(OTC) with an expiration date of 5/2023; -omeprazole 20mg one tablet twice daily dispensed 4/25/22.</p> <p>Review on 4/27/22 of client #1's MARs from 3/19/22-4/27/22 revealed the following dosing dates left blank with no explanation: -4/12/22 for Clozapine 25mg two tablets daily; -4/12/22 for Clozapine 100mg two tablets; -4/15/22 and 4/17/22 for simvastatin 40mg one tablet daily; -4/12/22 for Multivitamin one tablet daily; -4/12/22 and 4/17/22 for omeprazole 20mg one tablet twice daily.</p> <p>Finding #2: Review on 4/27/22 of client #2's record revealed: -admission date of 9/27/21; -diagnoses of TBI, Hypertension, Hyperlipidemia, Type 2 Diabetes and chronic constipation; -physicians' orders dated 3/13/22 for the following medications: aspirin 81mg one at bed(blood thinner), mupirocin 2% ointment apply three times daily(bacterial skin infections) and Tresiba insulin inject 28 units at bed(diabetes).</p> <p>Observation on 4/27/22 at 1:08pm of client #2's medications revealed: -aspirin 81mg one at bed dispensed on 4/7/22; -mupirocin 2% ointment apply three times daily dispensed on 4/1/22; -Tresiba insulin inject 28 units at bed dispensed on 3/13/22.</p> <p>Review on 4/27/22 of client #2's MARs from 3/19/22-4/27/22 revealed the following dosing dates left blank with no explanation: -4/5/22 for aspirin 81mg one at bed;</p> | {V 118} | | |

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| {V 118} | <p>Continued From page 3</p> <p>-4/14/22(pm) and 4/23/22-4/25/22(noon) for mupirocin 2% ointment apply three times daily; -4/14/22 for Tresiba insulin inject 28 units at bed.</p> <p>Finding #3: Review on 4/27/22 of client #3's record revealed: -admission date of 7/21/21; -diagnoses of TBI, Unspecified Injury of C2 level of cervical spinal cord and calcium deficiency; -physicians' orders dated 3/13/22 for the following medications: amlopidine besylate 5mg one tablet daily(high blood pressure), gabapentin 300mg one tablet three times daily(pain) and ProStat SF Grape 30ml three times daily(wound healing).</p> <p>Observation on 4/27/22 at 11:47am of client #2's medications revealed: -amlopidine besylate 5mg one tablet daily dispensed 4/1/22; -gabapentin 300mg one tablet three times daily dispensed 3/29/22; -ProStat SF Grape 30ml three times daily dispensed 3/26/22.</p> <p>Review on 4/27/22 of client #3's MARs from 3/19/22-4/27/22 revealed the following dosing dates left blank with no explanation: -3/26/22 for amlopidine besylate 5mg one tablet daily; -4/9/22(1pm) for gabapentin 300mg one tablet three times daily; -4/9/22(1pm) for ProStat SF Grape 30ml three times daily.</p> <p>Interview on 4/27/22 with the Contract Registered Nurse(RN) revealed: -worked at the facility 3 days a week; -worked 4-5 hours a day or more as needed; -completed medication review; -trained staff on medication administration;</p> | {V 118} | | |

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| {V 118} | Continued From page 4 -watch staff pass medications and ask them questions; -review with the staff on the medications. This deficiency constitutes a re-cited standard level deficiency and must be corrected within 30 days. | {V 118} | | |
| {V 536} | 27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). | {V 536} | | |

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| {V 536} | <p>Continued From page 5</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may</p> | {V 536} | | |

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| {V 536} | <p>Continued From page 6</p> <p>review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> | {V 536} | | |

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| {V 536} | <p>Continued From page 7</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, demonstrated competence by successfully completing training in alternatives to restrictive interventions and failed to ensure formal refresher training was completed by each staff at a minimum annually for 3 of 3 staff(Staff #1, Program Manager/PM and Contract Registered Nurse/RN). The findings are:</p> | {V 536} | | |

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| {V 536} | <p>Continued From page 8</p> <p>Review on 4/27/22 of personnel records revealed: -staff #1 was hired on 3/25/22 with the job title of Life Skills Trainer and no documentation of completed trainings in alternatives to restrictive interventions was present in the record; -the PM was hired on 2/28/22 and no documentation of completed trainings in alternatives to restrictive interventions was present in the record; -the Contract RN was hired on 1/3/21 and documentation of completed training in CPI(Crisis Prevention Intervention) dated 2/22/21 with an expiration date of 2/22/22 was present in the record. No documentation of completed annual refresher training in CPI was present in the record.</p> <p>Interview on 4/27/22 with staff #1 revealed: -worked here since a month; -started end of March; -don't remember having CPI training.</p> <p>Interview on 4/27/22 with the Contract RN revealed: -come in 3 days a week; -works 4-5 hours a day or more as needed; -had CPI training.</p> <p>Interview on 4/27/22 with the PM revealed: -started in March 1, 2022; -just in the process of hiring staff and putting things in place; -had not CPI training yet; -the CPI trainer is coming tomorrow so he can schedule the training with all new staff; -he was going to do it virtually but he wants to do it in person now.</p> <p>Interview with the State Director revealed he</p> | {V 536} | | |

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| {V 536} | Continued From page 9 knew the licensing rules in Virginia and thought there was a grace period for renewing CPI and getting staff trained in North Carolina also. This deficiency constitutes a re-cited standard level deficiency and must be corrected within 30 days. | {V 536} | | |
| {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 observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 4/27/22 at 3:10pm observation revealed: -a small black cylinder space heater in client #3's room plugged in and on; -no other space heaters in the home; -facility had a sprinkler system and hard wired fire alarm system. Interview on 4/27/22 with staff #1 revealed: -client #3 liked to use a space heater; -he complained about being cold a lot. Interview on 4/27/22 with the State Director | {V 736} | | |

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| {V 736} | <p>Continued From page 10</p> <p>revealed:</p> <ul style="list-style-type: none"> -client #3 was cold a lot; -unsure what alternative method they can use instead of his space heater; -client #3 was very insistent he used it; -will contact DHSR licensure construction section for further information regarding alternatives. <p>This deficiency constitutes a re-cited standard level deficiency and must be corrected within 30 days.</p> | {V 736} | | |