

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/04/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE TRAVIS HOME-A CARING HANDS SITE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 WESTBROOK LANE</b> <b>FRANKLINTON, NC 27525</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on May 4, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of 1 current client.</p>	V 000		
V 107	<p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul>	V 107		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain a file which includes minimum level of education, work experience, trainings and qualifications for 1 of 1 Qualified Professional (QP). The findings are:</p> <p>On 5/3/22 - requested the QP's personnel record from the case management (CM)'s office &amp; Alternative Family Living (AFL) provider - the Operational Manager (OM) at the CM's office would find out who the QP for the facility was</p> <p>On 5/4/22 sent an email at 12:55pm to OM requesting the QP's personnel record by 5pm</p>	V 107		

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V 107	Continued From page 2  (5/4/22) - the QP's personnel record was not received by the exit date of 5/4/22  During interview on 5/4/22 the AFL provider reported: - she informed the CM's office the QP's personnel record was needed  *On 5/5/22 the OM understood the QP's personnel record was not received by the close of day on 5/4/22	V 107		
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	V 118		

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V 118	<p>Continued From page 3</p> <p>(E) name or initials of person administering the drug. (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 review and interview the facility failed to administered medications on the written order of a physician &amp; failed to keep the MAR current for 1 of 2 audited clients (#2). The findings are:</p> <p>Review on 5/4/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 6/10/21</li> <li>- diagnoses of Attention Deficit Hyperactivity Disorder, Moderate Intellectual Development Disorder and Autism</li> <li>- no physician orders</li> </ul> <p>Observation on 5/4/22 at 5:58pm of client #2's medication label revealed:</p> <ul style="list-style-type: none"> <li>- Risperidone 1 mg twice a day (irritability caused by Autism)</li> <li>- Hydroxine 25mg as needed (PRN) (anxiety)</li> <li>- no Adderal in the medication box (ADHD)</li> </ul> <p>Review on 5/4/22 of February, March and April 2022 MARs for client #2 revealed:</p> <ul style="list-style-type: none"> <li>- medications were transcribed (handwritten) on the MARs</li> <li>- medications listed: Hydroxine transcribed February &amp; March as</li> </ul>	V 118		

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V 118	<p>Continued From page 4</p> <p>35mg &amp; April transcribed as 20mg &amp; staff initialed daily</p> <p>Risperidone 1mg twice a day - 30mg transcribed for February &amp; April</p> <ul style="list-style-type: none"> <li>- Adderal 30mg daily was only listed on the February &amp; March 2022 MAR</li> </ul> <p>During interview on 5/4/22 the AFL provider reported:</p> <ul style="list-style-type: none"> <li>- she transcribed the MARs</li> <li>- client #2's Adderal medication caused him to loose weight</li> <li>- will have the physician to give her the discontinue order</li> <li>- have requested physician orders for all client #2's medications from the pharmacy &amp; physician's office</li> <li>- both have given her a difficult time with obtaining the physician's orders</li> <li>- plan to go by the physician's office again tomorrow (5/5/22) to obtain the orders</li> <li>- will transcribe the MARs based on the physician's orders</li> </ul> <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		