

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/10/2022
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NAME OF PROVIDER OR SUPPLIER CLEARVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 521 CLEARVIEW TERRACE ASHEVILLE, NC 28801
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 5/10/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual/Developmental Disabilities.</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 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 review and interviews, the facility failed to develop, implement and update treatment plan strategies for 1 of 3 clients (Client #2). The findings are:</p> <p>Review on 5/2/22 of Client #2's record revealed: -Date of Admission-October 1987 -Diagnoses included- Autism, Psychotic Disorder, Severe Intellectual Disability, Prediabetes, Hypertension, Nicotine Dependence. -No treatment plan showing guardian input or agreement was available for review although current goals were in the electronic system so that staff could document progress or lack thereof.</p> <p>Interview on 5/10/22 with the Staff #2 revealed: -She was the Home Manager. -They had been short staffed for some time for which she filled in. She did not have dedicated time for office work such as reviewing or filing treatment plans.</p> <p>Interview on 5/10/22 with the Director of Operations revealed: -She was unsure as to why the treatment plan for Client #2 could not be found in their electronic system but would make sure the facility had a copy on hand.</p> <p>This deficiency constitutes a re-cited deficiency.</p>	V 112		

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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> <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> </p> <p>This Rule is not met as evidenced by:</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Based on observation, record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician for 3 of 3 audited clients (Client #1, #2 and #3). The findings are:</p> <p>Review on 5/9/22 of Client #1's record revealed: -Date of Admission-11/7/14 -Diagnoses included- Abnormal Blood Chemistry, Adult Sexual Abuse, Anxiety, Cerebral Palsy, Reflux, Hearing Loss, Intellectual Disability, Seizure Disorder, Urinary Tract Infection.</p> <p>Review on 5/9/22 of physician ordered medications dated 2/15/22 for Client #1 included: -Docusate 100mg (milligram) (for stool softener)-take 1 capsule twice daily. - Gavilax powder (laxative) - mix 1 capful with 8 ounce beverage twice daily. - Oxcarbazepine 600mg (anticonvulsant)- take 1 tablet twice daily. - Prevident 5000 (Fluoride)- as directed daily. -Vitamin D3 1000iu (international units) (supplement) take 1 daily. -Clotrimazole 1% cream (antifungal)- apply to affected areas twice daily.</p> <p>Review on 5/10/22 of MARs for Client #1 from March-May 2022 revealed: -Docusate was not initialed on the MAR on 4/14/22 -Gavilax powder was not initialed on the MAR on 4/14/22 -Oxcarbazepine was not initialed on the MAR on 4/14/22 -Prevident 5000 was not initialed on the MAR on 3/3/22 -Vitamin D3 was not initialed on the MAR on 4/14/22 -Clotrimazole was not initialed on the MAR on</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>3/3/22</p> <p>Review on 5/9/22 of Client #2's record revealed: -Date of Admission-11/30/07 -Diagnoses included- Psychotic Disorder, Mild Intellectual Disability, Deaf, Blindness, Incontinence, Depression, Chronic Rhinitis, Tremors, Dependent Personality Disorder, Ushers Syndrome, Psychosomatic Disorder.</p> <p>Review on 5/9/22 of physician ordered medications dated 2/16/22 for Client #2 included: -Calcium 500mg + D (bone health)- take 1 tablet twice daily. -Donepezil 5mg (Alzheimer's disease) -2 tablespoons at bedtime. -Doxepin 10mg (sleep) 1 tablet at bedtime. -Famotidine 20mg (heartburn) 1 tablet at bedtime. -Gabapentin 300mg (neuropathy) twice daily. -Haloperidol 2 mg (mental health) 1 ½ tablets in the morning. -Melatonin 3mg (sleep) 1 tablet at bedtime. -Multivitamin (supplement) once a day. -Vitamin D 3 2000iu (bone health) once a day. -There was no order for Aripiprazole 20mg.</p> <p>Review on 5/10/22 of MARs for Client #1 from March-May 2022 revealed: -Calcium + D was not initialed on the MAR for PM doses on 3/20/22, 3/31/22, 4/13/22, 4/14/22, 4/21/22 and 5/5/22. -Donepezil was not initialed on the MAR on 3/31/22, 4/13/22, 4/14/22, 4/21/22 and 5/5/22. -Doxepin was not initialed on the MAR on 3/31/22, 4/13/22, 4/14/22, 4/21/22 and 5/5/22. -Famotidine was not initialed on the MAR on 3/31/22, 4/13/22, 4/14/22, 4/21/22 and 5/5/22. -Gabapentin was not initialed on the MAR for PM doses on 3/31/22, 4/13/22, 4/14/22, 4/21/22 and</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>5/5/22.</p> <p>-Haloperidol was not initialed on the MAR on 3/31/22, 4/13/22, 4/14/22, 4/21/22 and 5/5/22.</p> <p>-Melatonin was not initialed on the MAR on 3/31/22, 4/13/22, 4/14/22, 4/21/22 and 5/5/22.</p> <p>-Multivitamin was not initialed on the MAR on 3/31/22, 4/13/22, 4/14/22, 4/21/22 and 5/5/22.</p> <p>-Vitamin D 3 was not initialed on the MAR on 3/31/22, 4/13/22, 4/14/22, 4/21/22 and 5/5/22.</p> <p>-Aripiprazole 20mg (antipsychotic) 1 tablet at bedtime- was given 3/24/22-3/30/22, 4/1/22-4/12/22, 4/15/22-4/20/22, 4/22/22-5/4/22, 5/6/22-5/8/22 without an order. (41 doses)</p> <p>Review on 5/9/22 of Client #3's record revealed:</p> <p>-Date of Admission-August 2016</p> <p>-Diagnoses included- Deaf, Blind, Moderate Intellectual Disability, Hypertension, Ushers Syndrome, Diabetes Mellitus.</p> <p>Review on 5/9/22 of physician ordered medications dated 2/14/22 for Client #2 included:</p> <p>-Clearlax Powder (constipation) 1 capful with 8 ounces water twice daily.</p> <p>-Lisinopril 2.5mg (hypertension) once daily in evening.</p> <p>-Prazosin 1mg (hypertension) at bedtime.</p> <p>-Quetiapine 400mg(antipsychotic) at bedtime.</p> <p>-Rosuvastatin 10mg (dyslipidemia) at bedtime.</p> <p>Review on 5/10/22 of MARs for Client #3 from March-May 2022 revealed:</p> <p>-Clearlax Powder was not initialed on the MAR for PM doses on 3/20/22, 4/14/22.</p> <p>-Lisinopril was not initialed on the MAR on 3/20/22, 4/14/22.</p> <p>-Prazosin was not initialed on the MAR on 3/20/22, 4/14/22.</p> <p>-Quetiapine was not initialed on the MAR on 3/20/22, 4/14/22.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>-Rosuvastatin was not initialed on the MAR on 3/20/22, 4/14/22.</p> <p>Interview on 5/9/22 with Staff #1 revealed: -Staff used to scan the medication cards. Now the MAR will show what is due. Easier to log into QuickMAR, pop medications then click the MAR to sign.</p> <p>Interview on 5/10/22 with the Staff #2 revealed: -She was the Home Manager -They had been short staffed for some time for which she filled in. She did not have dedicated time for office work such as reviewing MARs. -Staff had signed and dated the medication cards in most all instances but did not also sign the MAR. Retraining would be occurring as soon as possible.</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 (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 review and interviews, the facility failed to ensure each staff member had no</p>	V 131		

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V 131	<p>Continued From page 7</p> <p>substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire for 1 of 3 audited staff (Staff #2). The findings are</p> <p>Record review on for Staff #2 revealed: -Date of Hire-5/14/20 -Date of HCPR verified: 5/26/20</p> <p>Interview on 5/3/22 with the Director of Operations revealed: -She was not aware the HCPR was completed after the hire date. The Licensee was utilizing an automated hiring system from the application process through background checks and would check on updating or adjusting settings to meet compliance rules.</p>	V 131		