

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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>A Follow Up Survey was completed 5/2/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</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><b>27G .0205 (C-D)</b> 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}	<p style="text-align: center;"><b>RECEIVED</b> <b>JUN 03 2022</b> <b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Elaine Norton</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>5-28-2022</i>
--	------------------------------------	-------------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/02/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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 112}	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement goals and strategies to address the needs for 2 of 3 audited clients (#2, #4). The findings are:</p> <p>I. Review on 4/21/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 4/10/20</li> <li>- Diagnoses: Traumatic Brain Injury, Epilepsy, Type 2 Diabetes, Vitamin D deficiency, History of Prostate Cancer, Hyperlipidemia, and Liver Neoplasm with Metastasis</li> <li>- Physician's order dated 6/11/21 revealed Finger Stick Blood Sugar Check before meals and at bedtime.</li> <li>- Treatment plan dated 6/1/21 listed no goals or strategies related to diabetes and his refusal to do blood sugar checks.</li> </ul> <p>Interview on 5/2/22 the Licensee/Registered Nurse (RN) stated:</p> <ul style="list-style-type: none"> <li>- Client #2 would curse people out and would refuse to have his blood sugar read.</li> <li>- She was meeting with staff on Wednesday, 5/4/22, in reference to client #2 to discuss management of his diabetes.</li> </ul> <p>Interview on 4/28/22 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> <li>- Management of client #2's diabetes was not in his treatment plan but they have been trying to get the paperwork from his primary doctor to add</li> </ul>	{V 112}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(X4) ID PREF X TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREF X 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>A Follow Up Survey was completed 5/2/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</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><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Eloise Swinton, Executive Director*

TITLE

(X6) DATE

*5-28-2022*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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 112}	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement goals and strategies to address the needs for 2 of 3 audited clients (#2, #4). The findings are:</p> <p>I. Review on 4/21/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 4/10/20</li> <li>- Diagnoses: Traumatic Brain Injury, Epilepsy, Type 2 Diabetes, Vitamin D deficiency, History of Prostate Cancer, Hyperlipidemia, and Liver Neoplasm with Metastasis</li> <li>- Physician's order dated 6/11/21 revealed Finger Stick Blood Sugar Check before meals and at bedtime.</li> <li>- Treatment plan dated 6/1/21 listed no goals or strategies related to diabetes and his refusal to do blood sugar checks.</li> </ul> <p>Interview on 5/2/22 the Licensee/Registered Nurse (RN) stated:</p> <ul style="list-style-type: none"> <li>- Client #2 would curse people out and would refuse to have his blood sugar read.</li> <li>- She was meeting with staff on Wednesday, 5/4/22, in reference to client #2 to discuss management of his diabetes.</li> </ul> <p>Interview on 4/28/22 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> <li>- Management of client #2's diabetes was not in his treatment plan but they have been trying to get the paperwork from his primary doctor to add</li> </ul>	{V 112}	<p>An updated plan has been completed upon the exit of survey. QP has also contacted Alliance MCO Health Plan's Care Manager to request a meeting to change goals to discuss the members current Medicaid needs. As of now the care manager has not scheduled a date to meet. Per Alliance CM, CM will schedule an update ISP meeting withing the next 30-60 days.</p> <p>The group home has updated members' current SRG (short range goals) to reflect Blood Sugar checks that should be checked 3x per day before meals.</p> <p>The doctor has updated the order which is in the clients file, and on the MAR.</p> <p>Please see Service Note (attached).</p> <p>On 5/4/22, RN met with Staff (KR) (ShaunaD), (ME) and (MikeD) to discuss diabetes management. RN trained staff on sliding scales, documentation, blood sugar ranges, and how to document missed readings/referrals.</p> <p>Per the short-Range Goals for plan year 6/1/22 - 5/31/23; member #2 plan lists goals for his blood sugar and blood pressure to be checked daily. His diabetes is also listed as a diagnosis on his ISP plan that is completed by Alliance CM. Staff completes vital task daily. RN will hold a monthly training and weekly reviews of a blood sugar check and log completed by staff.</p>	
---------	--	---------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>		
(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 112}	Continued From page 2  it. - The Chief Operating Officer (COO) is "handling that" and she was just following the COO's lead so she was not sure where the COO was in the process.  Interview on 5/2/22 the COO stated: - There were a lot of issues with client #2's case. - They were in the process of trying to update client #2's treatment plan but the Managed Care Organization (MCO) was not helping. - They had "no say" over client #2's treatment plan. - The numerous change in MCO workers had been the issue with getting the treatment plan updated. - "The MCO does their own thing and we have no say"  II. Review on 4/21/22 of client #4's record revealed: - Admitted: 2/1/13 - Diagnoses: Autism Spectrum, Moderate Intellectual Developmental Disability, Fetishism (foot), Seizure Disorder, Dermatitis, PICA and Depressive Disorder with mixed Bipolar Disorder - Treatment plan dated 12/1/21 listed no goals or strategies related to PICA.  Interview on 4/28/22 the QP stated: - They just had a meeting because client #4 was not "actually" diagnosed with PICA but he "does eat raw meat and eat out of the trash can." - They had 2 meetings on 4/18/22 & 3/30/22 in reference to client #4's treatment plan. - They were going to update the behavior in the plan and continue to monitor the behavior. - She just signed off on the updated plan	{V 112}	ED Emmanuel Homes has contacted MCO to coordinate a meeting to complete all medical and behavior updates in the SP. QP will continue to follow up to coordinate a meeting for updates. Monthly follow ups will be completed by QP starting 6/1/22.  Member #4 does not eat raw meat or out of the trash can. Andrew has not demonstrated PICA-like symptoms since early 2021.  COO followed up with the PCP to discuss Pica diagnosis --- and per the PCP AS does not present pica symptoms or behaviors of PICA therefore does not the need for a dx. AS has a dietary plan, however PICA will not be added to dx as this time.  Adding PICA to the PCP – COO spoke with Alliance CM re PICA dx, Alliance has requested the PCP to dx since the prior records/dx before 2021 were completed by Fernandez Therapist – Lakesha Brown. Alliance states that PICA is a medical dx and a therapist cannot diagnose. Dietary orders and prescriptions have been discussed and sent to CM for ISP updates/revisions.  COO will continue to monitor monthly to assure member attends all MD appointments. QP will monitor and speak with MD about any new symptoms. The group home will monitor for PICA symptoms daily but will not include in plan since the PCP did not diagnose member. Members goals have been updated prior to May 1, 2022 to reflect his caloric diet which was ordered by the PCP.  The COO/ QP will meet monthly to monitor and discuss treatment plans to assure all updates are made and in compliance.  Client #2 has been updated on 05/06/2022 to reflect new order from PCP that states blood sugars should be checked before meals only. RN will review blood sugar checks weekly to assure staff is in compliance.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY ORLSC 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 112}	Continued From page 3  4/27/22 and they were in the process of completing it.  Interview on 5/2/22 the COO stated: - Client #4 was diagnosed with PICA. - They had been trying to request records for client #4. - The group home was able to put it in the short-range goals. - Client #4's plan was recently changed to reflect the PICA and will go into effect May 1, 2022.  Interview on 5/2/22 the Licensee/RN stated: - She did not oversee the treatment plans but she would if she had to. - When the COO left, she would get someone in to fill the position. - "God will provide and find a way."	{V 112}		
{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	{V 118}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY ORLSC 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 118}	<p>Continued From page 4</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(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.</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 record review and interview the facility failed to administer medications as prescribed for 1 of 3 audited clients (#2). Additionally, the facility failed to assure the MAR was current for 1 of 3 audited clients (#6). The findings are:</p> <p>A. Review on 4/21/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 4/10/20</li> <li>- Diagnoses: Epilepsy, Type 2 Diabetes, Hypertension, Liver Neoplasm with Metastasis, Traumatic Brain Injury (TBI), History of (H/O) Prostate Cancer and Hyperlipidemia</li> <li>- Physician's order dated 6/11/21 revealed Finger Stick Blood Sugar Check before meals and at bedtime.</li> <li>- Physician's order dated 11/26/21 of Humalog sliding scale: 70 - 150 = 0 units</li> </ul>	{V 118}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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 118}	<p>Continued From page 5</p> <p>151-200 = 2 extra units 201-250 = take 4 extra units 251-300 = take 6 extra units 301-350 = take 8 units Greater than 350 take 10 extra units</p> <p>Review on 4/21/22 of client #2's March 2022 Glucometer readings, Vital Signs Measurement Form (VSMF) and MAR revealed the following discrepancies:</p> <p>-15th -Glucometer reading - 8:29pm = 222 -MAR - initialed as having checked BSL (blood sugar level) 4 times without any actual results recorded -MAR - initialed for 8:30am that insulin was given however no unit amount documented -VSMF - BSL readings: 8am = 119 and 11:30am = 129 -VSMF - no units of insulin documented</p> <p>-16th -Glucometer reading - 1:23pm = 276 and 12:05pm = 169 -MAR - initialed as having checked BSL 2 times without any actual results recorded -MAR - initialed for 8:30am that insulin was given however no unit amount documented -VSMF - BSL reading: 8am = 119 -VSMF - BSL reading: 11:30am = 169 with 2 units of insulin documented</p> <p>-17th - 22nd Client #2 in hospital per VSMF and MAR</p> <p>-22nd -Glucometer readings - 4:58pm = 421, 5:31pm = 216 and 8:16pm = 340 -MAR - a number "2" documented indicating "patient off-site"</p>	{V 118}	<p>Documentation training for BSL and MAR was held on 5/4/22. Staff will be trained monthly and BSL log will be checked weekly and PRN. Staff has been written-up for medication errors. Per sliding scale, if BSL is below 150 staff should have recorded a "0" in place of leaving blanks. RN recognizes the error and has trained Staff on recording when medication is not administered. RN has trained staff and will continue to monitor weekly. As new staff are hired RN will continue to train.</p>	



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(X4) ID PREF X TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREF X TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{V 118}	<p>Continued From page 6</p> <p>-VSMF - documented "client in hospital"</p> <p>-23rd</p> <p>-Glucometer readings - 9:11pm = 132, 8:03pm = 95 and 4:43pm = 252</p> <p>-MAR - initialed as having checked BSL 4 times without any actual results recorded</p> <p>-MAR - initialed for 8:30am that insulin was given with no unit amount documented</p> <p>-MAR - initialed that insulin was given with no time or unit amount documented</p> <p>-VSMF - BSL readings: 8am = 119 and 7:56pm = 95</p> <p>-VSMF - BSL reading: 4:36pm = 252 with 6 units of insulin documented</p> <p>-24th</p> <p>-Glucometer readings - 8:09pm = 234, 5:09pm = 299 and 7:37am = 111</p> <p>-MAR - initialed as having checked BSL 4 times without any actual results recorded</p> <p>-MAR - initialed for 8:30am that insulin was given with no unit amount documented</p> <p>-VSMF - BSL reading: 8am = 111</p> <p>-VSMF - BSL reading: 5pm = 299 with 6 units of insulin documented</p> <p>-VSMF - BSL reading: 8pm = 229 with 4 units of insulin documented</p> <p>-29th</p> <p>-Glucometer readings - 7:29pm = 232 and 4:31pm = 149</p> <p>-MAR - initialed as having checked BSL 4 times without any actual results recorded</p> <p>-MAR - initialed for 8:30am that insulin was given with no unit amount documented</p> <p>-VSMF - BSL readings: 8am = 129 and 5:15pm = 140</p> <p>-VSMF - BSL reading: 8:30pm = 239 with 4 units of insulin documented</p>	{V 118}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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 118}	<p>Continued From page 7</p> <p>-30th -Glucometer readings - 7:22pm = 140 and 4:43pm = 164 -MAR - initialed as having checked BSL 4 times without any actual results recorded -MAR - initialed for 8:30am that insulin was given with no unit amount documented -MAR - initialed 2 additional times that insulin was given without a time and unit amount documented -VSMF - BSL readings: 8am = 130 and 7:20pm = 140 -VSMF - BSL reading: 4:45pm = 164 with 2 units of insulin documented</p> <p>-31st -Glucometer reading - 4:31pm = 158 -MAR - initialed as having checked BSL 2 times and a number "1" documented twice indicating client refused -MAR - initialed for 8:30am that insulin was given without a time and unit amount documented -VSMF - BSL readings: 8am = 121 and 11:30am = 134 -VSMF - BSL reading: 4:45pm = 158 with 2 units of insulin documented -VSMF - Nothing documenting client refusal to have BSL taken</p> <p>Review on 4/21/22 of client #2's April 2022 Glucometer readings, Vital Signs Measurement Form (VSMF) and MAR revealed the following discrepancies: -1st -Glucometer readings - 7:52pm = 210 and 5:28pm = 174 -MAR - initialed as having checked BSL 3 times without any actual results recorded -MAR - initialed for 5:00pm that insulin was</p>	{V 118}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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 118}	<p>Continued From page 8</p> <p>given without a unit amount documented -MAR - initialed on a separate line for 5:00pm that insulin was given without a unit amount documented -VSMF - BSL reading: 8am = 129 -VSMF - BSL readings: 4:30pm = 174 with 2 units of insulin documented and 7:51pm = 210 with 4 units of insulin documented</p> <p>-2nd -Glucometer readings - 5:46pm = 73, 12:27pm = 224 and 8:13am = 122 -MAR - initialed as having checked BSL 3 times without any actual results recorded -MAR - initialed for 7:00am and 12:00pm that insulin was given at each time without a unit amount documented -VSMF - BSL reading: 8am = 122</p> <p>-4th -Glucometer readings - 6:57pm = 164 and 4:22pm = 147 -MAR - initialed as having checked BSL 4 times without any actual results recorded -MAR - initialed for 12:00 pm, 5:00pm and 8:00pm that insulin was given at each time without a unit amount documented -VSMF - no data documented for this date</p> <p>-5th -Glucometer reading - 7:04pm = 152 -MAR - initialed as having checked BSL 4 times without any actual results recorded -MAR - no initials documented -VSMF - BSL reading: 8pm = 152 with 2 units of insulin documented</p> <p>-6th -Glucometer readings - 7:58pm = 268 and 5:01pm = 138 -MAR - initialed as having checked BSL 4</p>	{V 118}		
---------	---	---------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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
{V118}	<p>Continued From page 9</p> <p>times without any actual results recorded</p> <p>-MAR - initialed for 12:00pm and 5:00pm that insulin was given at each time without a unit amount documented</p> <p>-VSMF - no data documented for this date</p> <p>-7th</p> <p>-Glucometer reading - 4:20pm = 191</p> <p>-MAR - initialed as having checked BSL 3 times without any actual results documented</p> <p>-MAR - no initials documented as insulin being given</p> <p>-VSMF - BSL reading: 4:40pm = 191 with 2 units of insulin documented</p> <p>-VSMF - 7:40pm "client refused when returning from outing" documented</p> <p>-10th</p> <p>-Glucometer readings - 6:13pm = 145, 1:41pm = 154 and 7:44am = 138</p> <p>-MAR - initialed as having checked BSL 4 times without any actual results documented</p> <p>-MAR - initialed for 7:00am, 12:00pm, 5:00pm and 8:00pm as insulin being given without a unit amount documented</p> <p>-VSMF - BSL readings: 7:41am = 138 and 6:09pm = 134</p> <p>-VSMF - BSL reading: 1:44pm = 157 with 2 units of insulin documented</p> <p>-11th</p> <p>-Glucometer reading - 8:27pm = 180 and 4:26pm = 184</p> <p>-MAR - initialed as having checked BSL 4 times without any actual results documented</p> <p>-MAR - initialed for 5:00pm and 8:00pm as insulin being given without a unit amount documented</p> <p>-VSMF - BSL readings: 8:00am = 129 and 11:30am = 134</p>	{V118}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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 118}	<p>Continued From page 10</p> <p>-VSMF- BSL readings: 4:30pm = 184 with 2 units of insulin documented and 8pm = 180 with 2 units of insulin documented</p> <p>-12th</p> <p>-Glucometer reading - 8:39pm = 217 and 5:13pm = 137</p> <p>-MAR - initialed as having checked BSL 3 times without any actual results documented</p> <p>-MAR - no initials documented that insulin was given</p> <p>-VSMF - BSL readings: 8am = 127, 11:30am = 139 and 4:45pm = 137 units</p> <p>-13th</p> <p>-Glucometer reading - 7:42pm = 253 and 5:51pm = 142</p> <p>-MAR - initialed as having checked BSL 4 times without any actual results documented</p> <p>-MAR - initialed for 8:00pm as insulin being given without a unit amount documented</p> <p>-VSMF - BSL readings: 8am = 139, 11:30am = 141 and 5pm = 142</p> <p>-VSMF - BSL reading: 8pm = 253 with 6 units of insulin documented</p> <p>-14th</p> <p>-Glucometer reading - 7:09pm = 299 and 5:08pm = 175</p> <p>-MAR - initialed as having checked BSL 4 times without any actual results documented</p> <p>-MAR - initialed for 8:00pm as insulin being given without a unit amount documented</p> <p>-VSMF - BSL readings: 8am = 127 and 11:30am = 139</p> <p>-VSMF - BSL readings: 5:00pm = 175 with 2 units of insulin documented and 7:30pm = 299 with 6 units of insulin documented</p> <p>-15th</p>	{V 118}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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 118}	<p>Continued From page 11</p> <p>-Glucometer reading - 8:04pm = 153, 5:17pm = 219 and 8:12am = 131</p> <p>-MAR - initialed as having checked BSL 4 times without any actual results documented</p> <p>-MAR - initialed for 5:00pm as insulin being given without a unit amount documented</p> <p>-VSMF - BSL readings: 8am = 132, 11:30am = 129, and 8pm = 150</p> <p>-VSMF - BSL reading: 5pm = 219 with 2 units of insulin documented</p> <p>-17th</p> <p>-Glucometer reading - 7:04pm = 147</p> <p>-MAR - initialed as having checked BSL 1 time</p> <p>-MAR - initialed for 8:00pm that insulin was given without a unit amount documented</p> <p>-VSMF - BSL readings: 8:00am = client refused, 5:00pm = client refused and 7:00pm = 147</p> <p>-18th</p> <p>-Glucometer reading - 8:07pm = 231 and 7:04pm = 170</p> <p>-MAR - initialed as having checked BSL 4 times without any actual results documented</p> <p>-MAR - initialed for 5:00pm and 8:00pm that insulin was given without a unit amount documented</p> <p>-VSMF - BSL readings: 8am = 129 and 11:30am = 139</p> <p>-VSMF - BSL readings: 7pm = 170 with 2 units of insulin documented and 8:40pm = 231 with 4 units of insulin documented</p> <p>-19th</p> <p>-Glucometer reading - 8:19pm = 158 and 5:02pm = 174</p> <p>-MAR - initialed as having checked BSL 4 times without any actual results documented</p>	{V 118}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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 118}	<p>Continued From page 12</p> <p>-MAR - initialed for 5:00pm and 8:00pm insulin was given without a unit amount documented</p> <p>-VSMF - BSL readings: 8am = 141, 11:30am = 127</p> <p>-VSMF - BSL readings: 5:00pm = 174 with 2 units of insulin documented and 8:00pm = 158 with 2 units of insulin documented</p> <p>-20th</p> <p>-Glucometer reading - 8:12pm = 188 and 5:03pm = 230</p> <p>-MAR - initialed as having checked BSL 4 times without any actual results documented</p> <p>-MAR - initialed for 5:00pm and 8:00pm insulin was given without a unit amount documented</p> <p>-VSMF - BSL readings: 8am = 121, 11:30am = 139</p> <p>-VSMF - BSL reading: 5pm = 230 with 2 units of insulin documented and 8pm = 188 with 2 units of insulin documented</p> <p>-21st</p> <p>-Glucometer reading - no readings</p> <p>-MAR - initialed as having checked BSL 1 time without any actual results documented</p> <p>-VSMF - BSL reading: 8am = 141</p> <p>Interview and observation on 4/21/22 at 12:25pm staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Client #2 is the only client with diabetes</li> <li>- Had to check client #2's BSL if he put it on the VSMF on 4/21/22.</li> <li>- Checked the glucometer and there was no reading.</li> <li>- "I don't know what happened then. I got the number from somewhere" as he shook his head from side to side.</li> </ul>	{V 118}	<p>Staff was written up for medication errors. Staff will be trained monthly on MARS, documentation by RN. Staff attended training on 5/4/22.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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 118}	<p>Continued From page 13</p> <p>Interview on 4/28/22 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> <li>- Only worked remotely.</li> <li>- Remembered having a discussion about retraining on diabetes and the glucometer but couldn't remember when.</li> <li>- Wasn't apart of the glucometer training.</li> <li>- She met with the staff weekly by zoom to go over medications, errors and anything they had a concern about in the facility.</li> </ul> <p>Interview on 5/2/22, the Chief Operational Officer (COO) stated:</p> <ul style="list-style-type: none"> <li>- "I fired myself and I'm only helping out right now."</li> <li>- Was responsible for medication reviews, electronic records and trainings.</li> <li>- The Licensee did the retraining on diabetes and the glucometer and the COO emailed it in.</li> <li>- She would look for the training documentation but that would take awhile to go through all her paperwork.</li> <li>- "This doesn't make any sense because the training was done and already sent in (to DHSR for the previous plan of correction)."</li> </ul> <p>Interview on 4/25/22 &amp; 5/2/22, the Licensee/Registered Nurse (RN) stated:</p> <ul style="list-style-type: none"> <li>- She re-trained every staff on medication administration to include; insulin sliding scale, documentation, taking the BS and insulin administration and the documentation was already sent in (to DHSR for the previous plan of correction.)</li> <li>- "That's not like [staff #1] to write a BSL reading down that he didn't take." He had never done that before.</li> <li>- Diabetes training is done with the medication training but this most recent training included sliding scale and insulin administration.</li> </ul>	{V 118}	<p>The QP, COO, and RN met on 5/4/22 to discuss training, MAR, and documentation.</p> <p>QP and RN will meet weekly to assure staff is in compliance with checking BSL/Documentation. RN will continue to train staff monthly to assure compliance is met for all staff.</p> <p>Training was completed 3/2022. Retraining was held on 5/4/22 by RN to train on documentation.</p> <p>RN met with Staff #1 to discuss medication errors and documentation. Staff #1 was written up and disciplined for BS documentation. Staff #1 attended training on 5/4/22. RN will monitor BSL to assure compliance.</p>	



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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 118}	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>- She didn't have the documentation because it was already sent in (to DHSR for the previous plan of correction.)</li> </ul> <p>B. Review on 4/21/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: No date listed for current facility</li> <li>- Diagnoses: Intellectual Developmental Disparity Mild; Autism Spectrum Disorder; Schizoaffective Disorder; Depressive type; Unspecified Anxiety Disorder and Unspecified Depressive Disorder</li> <li>- Signed FL2 dated 4/4/22 listed: <ul style="list-style-type: none"> <li>Clonazepam 1 milligram (mg) tablet, take one tablet three times daily (panic disorder)</li> <li>Clozaril 100mg, take 3 tablets by mouth at bedtime (schizoaffective disorder)</li> </ul> </li> <li>- There were no physician orders for Trazodone, Docusate Sodium or Stimulant Lax Plus</li> </ul> <p>Review on 4/21/22 of client #6's April 2022 MAR revealed the following medications were initialed as having been administered the 1st-22nd:</p> <ul style="list-style-type: none"> <li>- Trazodone 100mg tablet, take 1 once daily</li> <li>- Docusate Sodium 100mg Softgel, take 1 once daily</li> <li>- Stimulant Lax Plus 50mg/8.6mg, take once daily</li> <li>- Clonazepam 1mg tablet, take one tablet three times daily</li> </ul> <p>Observation on 4/21/22 at 11:30am of client #6's medications revealed two pill packets:</p> <p>Breakfast (8:00AM)</p> <ul style="list-style-type: none"> <li>- 1 tablet-Guanfacine 1mg</li> <li>- 2 tablets - Lithium Carbonate 300mg</li> </ul> <p>Bedtime (8:00PM)</p> <ul style="list-style-type: none"> <li>- 1 tablet-Guanfacine 1mg</li> <li>- 2 tablets -Lithium Carbonate 300mg</li> </ul>	{V 118}	<p>RN has searched for documentation from training class. Class was held March 2022.</p> <p>During admission to the facility, the LRP brought medications to the group home dated 2/23/22 from an unknown pharmacy. LRP stated due to monetary concerns, and by the medications issued previously for March 2022, she could not afford to pay out-of-pocket for duplicate medication. COO requested a FL2 (updated) on 3/28/22 (DOA). However, hospital FL2 did not match current medication. Note—Hospital stated they did not make any changes however FL2 stated different. COO requested Alliance MCO to reconcile. HealthPark pharmacy received numerous FL2 forms from different agencies, and had created several MARs in the month of March and April with the many changes that occurred related to medication.</p> <p>Monarch, WakeBrook, HHH, and Alliance MCO have all worked hard to reconcile medication and still communicating daily re case (Medication)</p> <p>See SERVICE NOTE</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY ORLSC 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 118}	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>- The following medications were not at the group home and available for administration: Trazodone, Docusate Sodium, Stimulant Lax Plus or Clonazepam</li> </ul> <p>Interview on 4/21/22 of staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- He did give medications to client #6</li> <li>- Client #6's medications had changed a lot since he had been admitted</li> <li>- He didn't know why co-workers initialed that medications were given that were not present in the pill pack, probably because the person before them did cause "I initialed too"</li> </ul> <p>Interview on 4/25/22-5/2/22 the COO stated:</p> <ul style="list-style-type: none"> <li>- Client #6 was admitted March 28th 2022</li> <li>- Client #6's medications have been an issue since he was admitted to the group home</li> <li>- Client #6 had 3 different FL2s from the local hospital discharges</li> <li>- Currently working with the local management entity psychologist to ensure the correct medications and care for client #6</li> <li>- Staff had medication training March 2022</li> <li>- She had not observed the staff initials on the April 2022 MAR</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.</p> <p>Review on 4/21/22 of the Plan of Protection (POP) dated 4/21/22 written by the Licensee/RN revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Admin staff will monitor medication administration</p>	{V 118}	<p>Medications were not in home due to conflicting orders from different agencies. Due to Medicaid previously being billed and a change in the Clonazepam (more than 2x medication had changed within a week); The MAR would have displayed medications not administered for member.</p> <p>COO has also contacted HealthPark re Issues with MAR, Reconciliations with PCPs (that are not occurring from Pharmacy to Duke PCP) and do orders as needed. COO and Staff are working to correct all HealthPark errors to ensure the Group Home documentation is correct and up-to-date.</p> <p>All staff performing errors have been disciplined for conduct.</p> <p>The GH has had issues with the correct MAR for HealthPark and a correct FL2 that matches the MAR. The RN and staff #1 have been in contact with HealthPark and other providers to get corrected documentation for Client #6.</p> <p>Current corrected MAR and FI2 have been received and client is receiving correct medications.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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 118}	<p>Continued From page 16</p> <p>at least of 2 days. We will meet with PCP (primary care provider), treatment team within 5 days to discuss meds orders and correct all errors. [Licensee/RN], [QP] and [COO] will be responsible for this POP.</p> <p>Describe your plans to make sure the above happens. As above with consistent monitoring-will take to M.D. (medical doctor) to discuss any med (medication) changes to get the MAR's corrected and to come into compliance."</p> <p>Clients whose diagnoses included Traumatic Brain Injury, Diabetes, H/O Prostate Cancer, Liver Neoplasm with Metastasis, Epilepsy, Intellectual Developmental Disability, Autism Spectrum and Schizoaffective disorder resided at the facility. The staff were inconsistently documenting on 2 different forms along with inconsistency with results noted on the glucometer related to client #2's BS results and what if any insulin was administered. On 3/22/22, there were 3 readings in the glucometer that would have required insulin, however there was no documentation on the MAR or the VSMF related to the readings on the glucometer or of insulin being administered. The staff were inconsistently documenting the BS results and insulin administration on 2 different forms. These results were inconsistent with the glucometer readings. From 3/15/22 - 4/21/22, there were 114 opportunities to have client #2's BS checked, the glucometer reading indicated he should have had insulin 36 times and the VSMF documented 25 times insulin was given and the MAR had 40 times in which staff initialed that insulin was administered without any units documented. There were missing physician's orders for client #6 and staff were signing as having administered medications which were not at the group home and available for administration. This deficiency</p>	{V 118}	<p>Staff has been trained on the correct documentation record on the BSL. The BSL should be documented on the MAR and VSMF. Staff has also been written up for medication error.</p> <p>The RN has trained staff on 5/4/22 on BSL and documentation on MARS and VSMF. Staff that were present has expressed their understandings and assure they will remain in compliance. RN will continue to monitor BSL and Logs weekly; and train monthly.</p> <p>Staff were also trained on the new order re: checking blood sugars on 5/06/22 after Resident's visit to PCP.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/02/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE RALEIGH, NC 27609</b>
--	---

(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
{V118}	Continued From page 17  constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.	{V118}		