

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/06/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LANIER HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1428 CARTHAGE STREET SANFORD, NC 27330</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on June 6, 2022. 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		

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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 schedule a review of a plan at least annually affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>a. Review on 6/3/22 of client #1's record revealed: -Admission date of 8/14/08. -Diagnoses of Autistic Disorder, Mild Intellectual and Developmental Disability and Diabetes Mellitus. -Individualized Support Plan (ISP) dated 1/11/19. -There was no documentation that client #1 had a plan completed for 2021/2022.</p> <p>b. Review on 6/3/22 of client #2's record revealed: -Admission date of 1/4/09. -Diagnoses of Mild Intellectual and Developmental Disability, Major Depressive Disorder, Edema, Allergic Rhinitis, Seizure Disorder and Esophagitis. -ISP dated 10/23/19. -There was no documentation that client #2 had a plan completed for 2021/2022.</p> <p>c. Review on 6/3/22 of client #3's record revealed: -Admission date of 1/20/10. -Diagnoses of Moderate Intellectual and Developmental Disability, Generalized Anxiety Disorder, Allergic Rhinitis, Constipation, Hyperlipidemia and Onychomycosis of toenails.</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>-ISP dated 7/24/20.</p> <p>-There was no documentation that client #3 had a plan completed for 2021/2022.</p> <p>Interview on 6/6/22 with staff #1 revealed:</p> <p>-When she was the Qualified Professional (QP) she was responsible for ensuring the ISP's were completed annually.</p> <p>-She thought the Director talked about QP's doing a training online through the local Managed Care Organization to learn how to complete the ISP. She never did that online training she just learned how to complete the ISP on her own.</p> <p>-She stepped down as QP in October 2021, she didn't think any of the clients had ISP's completed for 2021/2022.</p> <p>-She confirmed the facility failed to schedule a review of a plan at least annually for clients #1, #2 and #3.</p> <p>Interview on 6/6/22 with the QP revealed:</p> <p>-He started on February 24, 2022 as the QP for the facility.</p> <p>-He was not familiar with the ISP plan in the client charts.</p> <p>-He confirmed the facility failed to schedule a review of a plan at least annually for clients #1, #2 and #3.</p>	V 112		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or</p>	V 121		

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V 121	<p>Continued From page 3</p> <p>physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain drug reviews every six months for two of three clients (#1 and #2) who received psychotropic drugs. The findings are:</p> <p>a. Review on 6/3/22 of client #1's record revealed: -Admission date of 8/14/08. -Diagnoses of Autistic Disorder, Mild Intellectual and Developmental Disability and Diabetes Mellitus. -Six month psychotropic drug review completed on 8/31/21.</p> <p>Review on 6/3/22 of physician's orders revealed: -Order dated 2/11/22 for Citalopram 20 milligrams (mg) (Anxiety and Depression) one tablet daily and Quetiapine Fumarate 50 mg (Schizophrenia, Bipolar Disorder and Depression), one tablet twice daily.</p> <p>Review on 6/3/22 of the Medication Administration Record (MAR) revealed: -June 2022-Staff documented client #1 was administered the above medications 6/1 thru 6/3. -May 2022-Staff documented client #1 was administered the above medications 5/1 thru 5/31.</p>	V 121		

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V 121	<p>Continued From page 4</p> <p>Review on 6/3/22 of facility records revealed: -There was no evidence of a current six month psychotropic drug review for client #1.</p> <p>b. Review on 6/3/22 of client #2's record revealed: -Admission date of 1/4/09. -Diagnoses of Mild Intellectual and Developmental Disability, Major Depressive Disorder, Edema, Allergic Rhinitis, Seizure Disorder and Esophagitis. -Six month psychotropic drug review completed on 8/31/21.</p> <p>Review on 6/3/22 of physician's orders revealed: -Order dated 2/15/22 for Divalproex Sodium DR 500 mg (Bipolar Disorder and Seizures), one tablet twice daily.</p> <p>Review on 6/3/22 of the Medication Administration Record (MAR) revealed: -June 2022-Staff documented client #2 was administered the above medications 6/1 thru 6/3. -May 2022-Staff documented client #2 was administered the above medications 5/1 thru 5/31.</p> <p>Review on 6/3/22 of facility records revealed: -There was no evidence of a current six month psychotropic drug review for client #2.</p> <p>Interview on 6/3/22 with staff #1 revealed: -She took the client's medications to the pharmacy for the last psychotropic medication review in August 2021. -The Qualified Professional (QP) started around March 2022. She did not think the QP had the psychotropic medication reviews completed since he was employed.</p>	V 121		

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V 121	<p>Continued From page 5</p> <p>-She confirmed there was no documentation of a six months psychotropic drug review for clients #1 and #2.</p> <p>Interview on 6/6/22 with the QP confirmed: -There was no documentation of a six months psychotropic drug review for clients #1 and #2.</p>	V 121		