

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/16/2022
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NAME OF PROVIDER OR SUPPLIER HOWELL & HOWELL'S	STREET ADDRESS, CITY, STATE, ZIP CODE 725 LUTHER DRIVE GOLDSBORO, NC 27530
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on June 16, 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 Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 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 reviews and interviews the facility failed to develop and implement strategies and goals affecting 2 of 2 audited clients (#1 and #2). The findings are:</p> <p>Reviews on 6/15/22 and 6/16/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 39-year-old male admitted 10/29/04. - Diagnoses included Intellectual/Developmental Disability, profound, Cerebral Palsy and Seizure Disorder. - Documentation of client #1's need for extensive assistance with activities of daily living and personal hygiene. - No treatment/habilitation or service plan with goals and strategies for residential services. <p>Client #1 was non-verbal and therefore was not interviewed.</p> <p>Reviews on 6/15/22 and 6/16/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 49-year-old male admitted 9/15/17. - Diagnoses included Intellectual/Developmental Disability, moderate, Impulse Control Disorder, and Mood Disorder. - Documentation of client #2's need for assistance with activities of daily living and personal hygiene. - No treatment/habilitation or service plan with goals and strategies for residential services. 	V 112		

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V 112	Continued From page 2 During interview on 6/15/22 client #2 stated he didn't know what his goals were. During interviews on 6/15/22 and 6/16/22 the Qualified Professional/Director/Owner stated: - She was "working on" client #1's treatment/habilitation or service plan; it was in her computer but unfinished. - Client #2 had a service plan developed by his Adult Developmental Vocational Program that did not include goals/strategies for residential services.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are:	V 114		

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V 114	<p>Continued From page 3</p> <p>Review on 6/15/22 of the facility's disaster drill reeports for July 2021 through June 2022 revealed:</p> <ul style="list-style-type: none"> - No disaster drill documented for second shift for the first quarter (January - March) 2022. - No disaster drill documented for first shift for the fourth quarter (October - December) 2021. <p>During interview on 6/15/22 the Qualified Professional/Director/Owner stated:</p> <ul style="list-style-type: none"> - The facility operated with 2 shifts: first shift 7:00 am - 7:00 pm and second shift 7:00 pm - 7:00 am. - Disaster drills were conducted quarterly on each shift. - She did not realize any drills were missing. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
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</p>	V 118		

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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 reviews, observation and interview the facility failed to administer medications as ordered for 1 of 2 audited clients (#1) and to ensure medications administered were documented immediately after administration for 2 of 2 audited clients (#1 and #2). The findings are:</p> <p>Review on 6/15/22 and 6/16/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 39-year-old male admitted 10/29/04. - Diagnoses included Intellectual/Developmental Disability, profound, Cerebral Palsy and Seizure Disorder. - Physician's orders signed and dated 1/13/22 and 6/15/22 for ferrous fumarate (iron deficiency) 324 milligrams (mg) 1 tablet twice daily. - No physician's order to discontinue ferrous fumarate. 	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Physician's order for Tegretol (anti-convulsant) 200 mg 1 tablet three times daily. <p>Review on 6/15/22 at 10:45 am of client #1's MARs for March 2022 - June 2022 revealed:</p> <ul style="list-style-type: none"> - Transcription for ferrous fumarate 324 mg 1 tablet twice daily at 8:00 am and 8:00 pm. - Transcription for ferrous fumarate with a line hand drawn across the calendar blocks on the June 2022 and April 2022 MARs with no staff initials to document administration of the medication. - Transcription for Tegretol 200 mg 1 tablet three times daily at 8:00 am, 12:00 noon, and 5:00 pm. - No staff initials to document administration 8:00 am dose of Tegretol for 6/15/22. <p>Observation on 6/15/22 at 10:45 am of client #1's medications on hand revealed:</p> <ul style="list-style-type: none"> - No ferrous fumarate available. - Tegretol 200 mg 1 tablet three times daily dispensed by the pharmacy 6/01/22. <p>The Qualified Professional/Director/Owner was observed to administer a medication to client #1 at 10:57 am on 6/15/22.</p> <p>Client #1 was non-verbal and therefore was not interviewed.</p> <p>Reviews on 6/15/22 and 6/16/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 49-year-old male admitted 9/15/17. - Diagnoses included Intellectual/Developmental Disability, moderate, Impulse Control Disorder, and Mood Disorder. - Physician's order signed and dated 12/07/21 for Lisinopril (high blood pressure) 20 mg 1 tablet daily, and Haldol (anti-psychotic) 10 mg 1 tablet at bedtime. 	V 118		

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V 118	<p>Continued From page 6</p> <p>Review on 6/15/22 of client #2's MARs for March 2022 - June 2022 revealed:</p> <ul style="list-style-type: none"> - Transcription for Lisinopril 20 mg 1 tablet daily at 8:00 am. - No staff initials to document administration of the medication 5/31/22 with no documented explanation for the blank. - Transcription for Haldol 10 mg 1 tablet at bedtime. - No staff initials to document administration of the medication 4/01/22 - 4/03/22 with no documented explanation for the blank. <p>Observation on 6/15/22 at 11:05 am of client #2's medications on hand revealed:</p> <ul style="list-style-type: none"> - Lisinopril 20 mg 1 tablet daily, dispensed by the pharmacy 6/01/22. - Haldol 10 mg 1 tablet at bedtime, dispensed by the pharmacy 6/01/22. <p>During interview on 6/15/22 client #2 stated:</p> <ul style="list-style-type: none"> - He took his medications daily with staff assistance. - He frequently went for home visits with his mother; he always took his medications when he was on home visits. <p>During interviews on 6/15/22 the Qualified Professional/Director/Owner stated:</p> <ul style="list-style-type: none"> - Client #1's ferrous fumarate constipated him and his physician discontinued the medication. - She did not have a signed physician's order to discontinue the ferrous fumarate. - She was going to administer client #1's Tegretol but the surveyor arrived and she did not administer it. - She administered client #1's Tegretol late on 6/15/22. - Client #2 often went for home visits; when he 	V 118		

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V 118	Continued From page 7 was on a home visit, she documented "C" on the MARs to indicate "out of facility." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		