

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2022
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NAME OF PROVIDER OR SUPPLIER MARNE	STREET ADDRESS, CITY, STATE, ZIP CODE 62 MARNE ROAD ASHEVILLE, NC 28803
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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>INITIAL COMMENTS</p> <p>A complaint survey was completed on June 28, 2022. The complaint was substantiated (Intake #: NC00189477). A deficiency was 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>The survey sample consisted of audits of 1 current client. The license capacity is 6 and the census was 6.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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 (E) name or initials of person administering the</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</p> <p>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 interviews, the facility failed to keep the MARs current, and failed to ensure the written orders of a physician were followed for 1 of 1 audited client (Client #1). The facility also failed to ensure medications were administered by persons trained by a registered nurse (RN) or other legally qualified person for 4 of 4 audited staff (Lead Direct Support Professional (DSP), Staff #1, #2 and #4) and failed to ensure clients took their medications as ordered. The findings are:</p> <p>Review on 6/22/22 of Client #1's record revealed: -Admitted 6/2/18. -Diagnoses of Severe Intellectual Developmental Disability, Seizure Disorder, Oppositional Defiant Disorder, Chronic Constipation, Vasus Nerve Stimulant, Ataxia, Diverticulosis, Fibrost Andular Breast, and Dysphagia. -PEG (Percutaneous Endoscopic Gastrostomy) tube placement 4/30/20.</p> <p>Review on 6/22/22 of Client #1's MARs for 5/1/22 through and 6/22/22 revealed: -Best Fiber Powder - via PEG tube 3x day - blanks/no initials on 5/3/22 at 12:00 p.m., 5/7/22 at 8:00 p.m. and 5/9/22 at 8:00 p.m.;</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> -No exceptions were noted for the blanks. -Best Fiber Powder was initialed and circled on: -5/17/22 at 12:00 p.m., 5/18/22 at 8:00 p.m., 5/22/22 at 12:00 p.m. and 8:00 p.m., and 5/23/22 at 8:00 p.m. -6/13/22 at 12:00 p.m., 6/20/22 at 12:00 p.m. and 8:00 p.m., 6/21/22 at 8:00 p.m., and 6/22/22 at 8:00 a.m. -The exceptions for all the above circled dates indicated the reason was "WITHHELD PER DR/RN ORDERS." -Carbamazepine 100 mg (milligrams)/5ml (millimeters) suspension - 25 ml (500 mg) 2x day - 5/7/22 and 5/9/22 both were blank for 8:00 p.m. dose. -Levetiracetam 100 mg/ml solution - 10 ml 2 x day - 5/7/22 and 5/9/22 both blank for 8:00 p.m. dose. -Vimpat 10 mg/ml solution - 20 ml (200 mg) - 2x day - 5/7/22 and 5/9/22 both blank for 8:00 p.m. dose. -Feeding Tube formula - indicated 4 x day - 5/3/22 at 12:00 p.m., 5/7/22 and 5/9/22 8:00 p.m. were blank. -Nystop 100,000 units/gm powder - apply 2x day to affected area - 5/7/22 and 5/9/22 8:00 p.m. were blank. -There were no exceptions noted for the blanks for Carbamazepine, Levetiracetam, Vimpat, Feeding Tube formula, and Nystop. <p>Review on 6/22/22 of Client #1 physician orders/treatments dated 2/10/22 revealed:</p> <ul style="list-style-type: none"> -Best Fiber Powder - mix per instructions and take via PEG tube 3x day. -Carbamazepine 100 mg/5ml suspension - 25 ml (500 mg) 2x day. -Levetiracetam 100 mg/ml solution - 10 ml via PEG tube 2 x day . -Vimpat 10 mg/ml solution - 20 ml (200 mg) - via 	V 118		

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V 118	<p>Continued From page 3</p> <p>PEG tube 2x day .</p> <ul style="list-style-type: none"> -Feeding Tube formula schedule - 4 x day, 8:00 a.m., 12:00 p.m., 5:00 p.m. and 8:00 p.m. -Nystop 100,000 units/gm powder - apply to affected area 2x day. -There were no orders to withhold Best Fiber Powder as indicated on the MARs. <p>Review on 6/23/22 under the "Staff Competencies" tab revealed:</p> <ul style="list-style-type: none"> -A plan piece of paper: "I HEREBY ACKNOWLEDGE THAT I HAVE BEEN TRAINED ON HOW TO DO [CLIENT #1'S] FEEDING TUBE BY EITHER WATCHING THE VIDEO OR TRAINED IN PERSON." -There were 11 staff signatures; none of which appeared to be the current staff. -There were no dates by the signatures and no name/credentials to indicate who conducted the training. <p>Interviews on 6/22/22 and 6/23/22 with the Lead DSP, Staff #1, Staff #2 and Staff #4 revealed:</p> <ul style="list-style-type: none"> -They were trained by the previous Qualified Professional (QP) on how to administer medications/feedings to Client #1 via her PEG tube. -All staff denied leaving medications at the client's bedside table to take when they woke up/or wanted to. <p>Two anonymous interviews revealed staff left medications on the client's nightstand to take when the client woke up. This usually occurred for the morning medications and included the weekends as well.</p> <p>Interview on 6/23/22 and 6/28/22 with the Director of Operations/Acting QP revealed:</p> <ul style="list-style-type: none"> -The training for tube feeding would be something 	V 118		

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V 118	<p>Continued From page 4</p> <p>separate and specific to this facility.</p> <ul style="list-style-type: none"> -She could not locate specific dates and trainings by the RN for the above staff. -There was no order to hold Client #1's Best Fiber Powder as indicated on the MARs above; she had already informed staff a medication cannot be withheld without an order. -There was no explanation as to why there were blanks on the MARs for the above dates. -The process was supposed to be the QP reviews the MARs monthly to catch errors before the bubble packs were thrown away to confirm the client received their medication; the Team Leader was supposed to be checking MARs weekly. -There was no way to determine if Client #1 received her medications on the noted dates. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		