

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/08/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>340257</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/05/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>MIDLAKE RESIDENTIAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>68 HILLSIDE STREET CLARKTON, NC 28433</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) COMPLETION DATE	
W 125	<p><b>PROTECTION OF CLIENTS RIGHTS</b> <b>CFR(s): 483.420(a)(3)</b></p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure clients had the right to a legal guardian. This affected 1 of 3 audit clients (#4). The finding is:</p> <p>Review on 4/4/22 of client #4's individual program plan (IPP) dated 2/10/22 revealed he was admitted to the facility 12/29/21 and that he had been adjudicated incompetent. Further review of client #4's record revealed his Mother had been appointed as his legal guardian.</p> <p>Review on 4/4/22 of client #4's psychological evaluation dated 12/28/21 revealed he was diagnosed with Moderate Intellectual Disabilities, Schizoaffective Disorder, Obsessive Compulsive Disorder, Hepatitis C Carrier, Diabetes Mellitus, Dysphagia and Chronic Obstructive Pulmonary Disease (COPD). Further review of this evaluation revealed the Weschler Abbreviated Intelligence Scale yielded a full scale Intelligence score of 52 which placed him in the mild to moderate range of Intellectual disabilities. Additional review revealed, "he has deficits in self-care, learning, self-direction." He does not have the capacity for independent living and capacity for economic self-sufficiency.</p> <p>Interview on 4/5/22 with the qualified intellectual disabilities professional (QIDP) revealed client</p>	W 125	<p>-W 125</p> <p>The facility will ensure each client has updated paperwork reflecting of current guardianship status upon admission as well as throughout the duration of stay with the facility.</p> <ol style="list-style-type: none"> <li>1. Clinical Supervisor will ensure that the appropriate legal documentation regarding guardianship of all clients new and/or currently residing in facility is update immediately when changes occur.</li> <li>2. The facility will secure guardianship letters reflective of the current court appointed status of client #4. The aunt and cousin will be filing a motion to the clerk for an update on the guardianship. The Clinical Supervisor will document the status of the motion in the client's record.</li> </ol>	6/4/22	

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

TITLE

(X6) DATE

Sharbara Williams

ICF Program Director

4/20/22

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 60 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

**RECEIVED**

By DHSR Mental Health Licensure & Certification at 2:18 pm, Apr 20, 2022

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W 126	Continued From page 1 #4's Mother was deceased prior to his placement on 12/28/21 and another successor guardian had not been appointed for client #4.	W 125			
W 126	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(4)  The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 audit clients (#6) was considered for training in the area of money management skills to the extent of her capabilities. The finding is:  Review on 4/4/22 of client #8's individual program plan (IPP) dated 2/10/22 revealed she was admitted to the facility on 12/14/21. Further review of her IPP revealed she has several objectives which included: picking out clothing for the next day for 30 consecutive days, washing her upper body during her bath for 30 consecutive days, applying lotion for 20 consecutive days, participating in exercise for 20 minutes per day for 30 consecutive days and brushing her teeth for 30 consecutive days.  Review on 4/4/22 of client #6's adaptive behavior Inventory (ABI) dated 3/22/22 revealed she has no independence in the area of money management. This area was rated (1) which indicated she has no independence in identifying coins, identifying denominations of money, depositing, saving money or making purchases.  Interview on 4/5/22 with the qualified intellectual	W 126	W126  The facility will ensure the rights of all clients.   The Habilitation Specialist will assess client #6 for money management skills and develop a goal based on level of ability. The Hab. Spec will in-service staff on how to train the goal and document. Hab Spec will monitor weekly and QP will monitor monthly.	6/4/22	

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W 126	Continued From page 2	W 126			
W 262	<p>disabilities professional (QIDP) revealed the interdisciplinary team did not consider developing training for client #6 in the area of money management.</p> <p>PROGRAM MONITORING &amp; CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interviews, the specially constituted committee, known as the Human Rights Committee (HRC), failed to review, approve and monitor programs designed to manage inappropriate behavior for 1 of 3 sampled clients (#6). The finding is:</p> <p>Review on 4/4/22 of client #6's individual program plan dated 2/10/22 revealed she has diagnoses of Moderate Intellectual Disabilities, Schizophrenia, a Mood Disorder and a Seizure Disorder.</p> <p>Review on 4/4/22 of client #6's physician orders dated 2/17/22 revealed she takes the following medications for her psychiatric symptoms: Fluoxetine HCL 40 mg. and Olanzapine 2.5 mg . She also receives 2 medications Depakote Sodium Extended Release 500 mg. and Keppra 750 mg. for her Seizure Disorder.</p> <p>Review on 4/5/22 of the HRC minutes dates 3/24/22 revealed client #6's psychotropic medications were not discussed at the HRC meeting.</p>	W 262	<p>W262</p> <p>The facility will ensure that all BSP's are reviewed by the Human Rights Committee.</p> <p>The Clinical Supervisor will have client #6 BSP reviewed by Human Rights Committee. Clinical Supervisor will monitor monthly.</p>	6/4/22	

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W 262	Continued From page 3	W 262			
W 263	<p>Interview on 4/5/22 with the facility Nurse confirmed client #6 receives Depakote Sodium Extended Release 500 mg. and Keppra 750 mg. for her Seizure Disorder.</p> <p>Interview on 4/5/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #8's psychotropic medications were not discussed at the HRC meeting on 3/24/22.</p> <p>PROGRAM MONITORING &amp; CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#4). The finding is:</p> <p>Review on 4/4/22 of client #4's individual program plan (IPP) 2/10/22 revealed he was admitted to the facility 12/29/21 and that he had been adjudicated incompetent. Further review of client #4's record revealed his Mother had been appointed as his legal guardian.</p> <p>Interview on 4/5/22 with the qualified intellectual disabilities professional (QIDP) revealed client #4's Mother was deceased prior to his placement on 12/28/21 and another successor guardian had not been appointed for client #4.</p> <p>Review on 4/4/22 of client #4's physician orders</p>	W 263	<p>W263</p> <p>The facility will ensure that written informed consent of the client parent or legal guardian is obtained.</p> <p>The QP will ensure that all consent forms are signed by guardian and in medical record yearly or as needed for changes. QP for client #4 will review all consents once new guardianship is obtained and have written informed consent signed and in client medical record.</p>	6/4/22	

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W 263	Continued From page 4 dated 2/16/22 revealed he receives Risperidone 1mg. BID, Trazedone 100mg (2)at night, Divalproex Sodium 500mg at 8am, Divalproex Sodium 750mg. at night, Olanzapine 10mg BID, Cogentin 0.5 mg BID and Risperidone 2mg at night to address symptoms of his Schizoaffective Disorder.  Review on 4/4/22 of client #4's psychological evaluation dated 12/28/21 revealed he was diagnosed with Moderate Intellectual Disabilities, Schizoaffective Disorder, Obsessive Compulsive Disorder, Hepatitis C Carrier, Diabetes Mellitus, Dysphagia and Chronic Obstructive Pulmonary Disease (COPD).  Review on 4/5/22 revealed written Informed consent could not be located for the use of client #4's psychotropic medications.  Interview on 4/5/22 with the qualified intellectual disabilities professional (QIDP) revealed client #4's Mother was deceased prior to his placement on 12/28/21 and another successor guardian had not been appointed for client #4. Further interview confirmed the facility did not have written informed consent for the use of client #4's psychotropic medications.	W 263			
W 312	DRUG USAGE CFR(s): 483.450(e)(2)  be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 312			

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W 312	<p>Continued From page 5</p> <p>failed to ensure the interdisciplinary team (IDT) developed active treatment programs to use in conjunction with client's psychotropic medications for the reduction and/or elimination of restrictive behavior medications. This affected 2 of 3 audit clients (#4, #6). The findings are:</p> <p>A. Review on 4/4/22 of client #4's individual program plan (IPP) 2/10/22 revealed he was admitted to the facility 12/29/21.</p> <p>Review on 4/4/22 of client #4's physician orders dated 2/16/22 revealed he receives Risperidone 1mg, BID, Trazedone 100mg (2)at night, Divalproex Sodium 500mg at 8am, Divalproex Sodium 750mg. at night, Olanzapine 10mg BID, Cogentin 0.5 mg BID and Risperidone 2mg at night to address symptoms of his Schizoaffective Disorder.</p> <p>Review on 4/4/22 of client #4's psychological evaluation dated 12/28/21 revealed he was diagnosed with Moderate Intellectual Disabilities, Schizoaffective Disorder, Obsessive Compulsive Disorder, Hepatitis C Carrier, Diabetes Mellitus, Dysphagia and Chronic Obstructive Pulmonary Disease (COPD).</p> <p>Review on 4/5/22 of client #4's record including his IPP did not revealed a behavior support program (BSP) to use in conjunction with his psychotropic medications.</p> <p>Interview on 4/5/22 with the qualified intellectual disabilities professional (QIDP) revealed client #4's Mother was deceased prior to his placement on 12/28/21 and another successor guardian had not been appointed for client #4. Further Interview revealed since there was not a legal guardian to</p>	W 312	<p>W312</p> <p>The facility will ensure that all medications used for behavior control were integrated into an active treatment program.</p> <p>Clinical Supervisor will review the BSP with guardians and obtain signatures for client #4 and #6. For client #6 after completion of guardianship partition and assignment. Clinical Supervisor will in service all staff on client #4 and #6 behavior plans and monitor monthly.</p>	6/4/22	

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W 312	<p>Continued From page 6</p> <p>give written informed consent, a BSP had not been implemented for client #4.</p> <p>B. Review on 4/4/22 of client #6's IPP dated 2/10/22 revealed she has diagnoses of Moderate Intellectual Disabilities, Schizophrenia, a Mood Disorder and a Seizure Disorder.</p> <p>Review on 4/4/22 of client #6's physician orders dated 2/17/22 revealed she takes the following medications for her psychiatric symptoms: Fluoxetine HCL 40 mg. and Olanzapine 2.5 mg. Further review confirmed she also receives two medications which include: Depakote Sodium Extended Release 500 mg. and Keppra 750 mg. for her Seizure Disorder.</p> <p>Review on 4/4/22 of client #6's IPP dated 2/10/22 did not reveal a BSP to use in conjunction with her psychotropic medications.</p> <p>Interview on 4/5/22 with the QIDP revealed a BSP had not been developed for client #6 to use in conjunction with her psychotropic medications.</p>	W 312			