

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/08/2022
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NAME OF PROVIDER OR SUPPLIER T Y L (THANK YOU LORD)	STREET ADDRESS, CITY, STATE, ZIP CODE 2612 WINSTEAD ROAD ROCKY MOUNT, NC 27804
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual and Follow up survey was completed on 7/8/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living</p> <p>The facility is licensed for three and currently has a census of three. The survey sample consisted of audits of three 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 review and interview the facility failed to ensure a treatment plan was completed annually for two of three (#1, #3) clients. The findings are:</p> <p>Review on 7/7/22 of client #1's record revealed: -Admission date of 3/1/04 -Diagnoses of Mild Intellectual Developmental Disability (IDD) and Schizophrenia -Treatment Plan dated 12/13/19</p> <p>Review on 7/7/22 of client #3's record revealed: -Admission date of -Three years ago -Diagnoses of Psychotic Disorder, Impulse Control, Moderate IDD and Hypertension -Treatment Plan dated 5/1/20</p> <p>Interview on 7/7/22 the Licensee stated: -He received services through a contract agency who completed the client treatment plans. -They had the treatment team meetings, but he was never given a copy of their treatment plans. -These clients have been with him for several years and no big changes to their plans. -Never asked the provider for copies of the plans. -Will call and obtain copies for his records.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 112		

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V 118 V 118	Continued From page 2 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 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 drug. (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. This Rule is not met as evidenced by:	V 118 V 118		

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V 118	<p>Continued From page 3</p> <p>Based on record review and interview the facility failed to ensure one of three clients (#2) MAR were kept current. The findings are:</p> <p>Review on 7/7/22 of client #2's record revealed: -Date of admission 12/1/11 -Diagnoses of Schizophrenia; History of Alcohol Abuse; Psychotic Disorder; Hypertension; Seizure Disorder; Diabetes Mellitus II and High</p> <p>Review on 7/7/22 of client #2's phsicain order dated 10/13/21 revealed, -"Metformin 500- twice a day"</p> <p>Review on 7/7/22 of client #2's medications revealed Metformin present in the facility.</p> <p>Review on 7/7/22 of client #2's MAR, Metformin was not listed on his current July 2022 list.</p> <p>There was no previous months MARs present in the facility.</p> <p>During interview on 7/7/22 the Licensee stated: -Not sure why the metformin was not listed on the MAR. -The pharmacy prints that list off and sends out to him. -Had not compared the medications to the ones listed on the MAR. -Client #2 had been receiving his medications, just not initialed, -Will contact the pharmacy to let them know the error.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 118		

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V 736 V 736	<p>Continued From page 4</p> <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the home was maintained in a safe, clean,attractive and orderly manner kept free from offensive. The findings are:</p> <p>Observation on 7/7/22 at 8:30 AM revealed: -The living area was stacked with items all around the room. -The kitchen counters were covered with items. -There was no kitchen table, just a game table stacked with folded clothes. -Client's bedrooms were cluttered with items and had a strong smell of body odor -Client's bathroom floor was dirty, bathtub, sink and toilet all needed cleaning. -Hallway carpet very stained and dirty.</p> <p>Interview on 7/7/22 the Licensee stated: -The home did need cleaning out. -Some of the clients are "hoarders" and bring things in to keep. -Had been planning to replace the rug. -Had not had a chance to clean the bathroom today. -The clients eat at the counter and did not use a table.</p>	V 736 V 736		

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V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation on 7/7/22 the facility failed to maintain the temperature of the water between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 7/7/22 at 10:30 AM revealed the water temperature in the client's bathroom sink and bathtub at 129 degrees Fahrenheit.</p> <p>Interview on 7/7/22 the Licensee stated: -Had been working on his water heater lately. -Will turn it down and recheck. -Usually check the temperatures to keep it low. -Will continue to monitor the temperature and fix the water heater if needed.</p>	V 752		