

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/06/2022
NAME OF PROVIDER OR SUPPLIER SANFORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 125 HAWKS NEST DRIVE FLETCHER, NC 28732		
(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	INITIAL COMMENTS An annual survey was completed on July 6, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3. The current census is 1. The survey sample consisted of an audit of one current client.	V 000		
V 118	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.	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>(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, and interviews, the facility failed to keep the MAR current, administer medication only on the written order of a physician, and show that medications were recorded immediately after administration for 1 of 1 audited client (Client #1). The findings are:</p> <p>Review on 7/6/22 of Client #1's record revealed: -Date of admission: 2/8/2019; -Diagnoses: Profound Intellectual Developmental Disabilities, Cerebral Palsy, Gastroesophageal Reflux Disease (GERD), Unspecified Urinary Incontinence, Allergic Rhinitis, Constipation, Legal Blindness, Wheelchair, and Malignant Neoplasm of unspecified site of female breast; -PEG (Percutaneous Endoscopic Gastronomy) tube placement in May 2020.</p> <p>Review on 7/6/22 of MARs and physician orders from 5/1/22 through 7/6/22 for Client #1 revealed: -Esomeprazole Magnesium 40 milligram (mg) oral packet (GERD), give 1 pack daily for G tube, ordered 1/23/22; -Nitrofurantoin Mono-Macro 100mg capsule (Urinary Tract Infection), take 1 cap via G tube, once daily, ordered 9/22/21; -Ferrous Sulfate 220mg 5 milliliter (ml) oral elixir (Anemia), take 5ml G tube daily until gone,</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>administered June 1, 2022 through June 6, 2022, missing physician order;</p> <p>-Jevity 1.5ml, 770ml (liquid nutrition), measure out 770ml, add to infusion bag at approximately 30/1/14 containers, add 280ml of water to infusion bag 75ml per 14 hours, ordered since 5/20/21;</p> <p>-there was no MAR for May 2022 to review;</p> <p>-MARs for June 2022 and July 2022 were correct.</p> <p>Client #1 could not be interviewed due to non-verbal communication.</p> <p>Interview on 7/6/22 with the AFL provider revealed:</p> <p>-she was missing the May 2022 MAR in her book;</p> <p>-she had given Client #1 her medication as ordered;</p> <p>-Client #1 was anemic at her last doctor's appointment and they prescribed Ferrous Sulfate (Iron);</p> <p>-she had to use a back-up pharmacy for the Iron and the pharmacy didn't give her the prescription;</p> <p>-she is going to be changing pharmacies and will request hard copies of prescriptions.</p> <p>Interview on 7/6/22 with Qualified Professional (QP) revealed:</p> <p>-she was just assigned as the QP for Client #1 at the end of last month;</p> <p>-another staff had been providing monitoring for the AFL until she became familiar with the position;</p> <p>-she will be following back up with the AFL regarding medication requirements.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if Client #1 received medication as ordered by the physician.</p>	V 118		

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V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human</p>	V 536		

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V 536	Continued From page 4 behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an	V 536		

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V 536	Continued From page 5 instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may	V 536		

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V 536	<p>Continued From page 6</p> <p>request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff completed refresher training in alternatives to restrictive intervention training for 1 of 2 audited staff (AFL provider). The findings are:</p> <p>Review on 7/6/22 of AFL Provider's personnel file revealed: -date of hire: 2/11/19; -National Crisis Intervention Plus (NCI +) prevention training expired on 5/24/22.</p> <p>Interview on 7/6/22 with the Qualified Professional (QP) revealed: -the AFL provider would be completing the updated training on Friday 7/8/22.</p>	V 536		