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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 7/8/22. The complaint was unsubstantiated (Intake #NC00189369). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility	V 105		

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V 105	Continued From page 1 can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policy when a client was admitted. The findings are: Review on 6/29/22 client #1's record revealed: - Admitted 1-11-19 - Diagnoses: Moderate Mental Retardation, Adjustment disorder, Hypertension, Herpes Type I, Depression and Diabetes Type 2 - No admission assessment in the record. Review on 6/29/22 client #3's record revealed: - Admitted 7/16/18 - Diagnoses: Psychotic disorder, Down Syndrome and Moderate Intellectual Developmental Disability - No admission assessment in the record. Review on 7/6/22 client #4's record revealed: - Admitted 12/28/12 - Diagnoses: Mild to moderate anxiety, Attention Deficit disorder, Moderate Intellectual disorder and Cognitive Dysfunction - No admission assessment in the record. Review on 7/7/22 of the facility's admission policy revealed: - "In the IDD (Intellectual Developmentally Disability) service array...A designated Qualified Professional (QP) shall complete the individual admission assessments...At a minimum, assessments will be completed for the person's social, medical, and developmental history prior to admission..."	V 105		

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V 105	Continued From page 3 Interview on 6/29/22 the QP reported: - Employed about 4 - 5 months. - Responsible for the admission assessments. - No client had been admitted since she had been the QP. Interview on 7/8/22 the Administrator reported: - the QP was responsible for writing the admission assessments. - Didn't know that an admission assessment needed to be done if the client was transferred from another house. - Would make sure the QP did the admission assessments. - There had been a lot of changes in staff causing things to fall behind.	V 105		
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:	V 114		

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V 114	Continued From page 4 Based on record review and interview, the facility failed to conduct fire/disaster drills at least quarterly and repeated for each shift. The findings are: Review on 7/6/22 of the fire/disaster drill logs from January 1, 2022 - June 30, 2022 revealed: - No fire drills were conducted on 1st or 3rd shift during this time frame. - No disaster drill was conducted during this time frame. Interview on 7/6/22 & 7/8/22 the Administrator reported: - Fire drills should have been completed. - There were 3 shifts in the facility, 7am-3pm, 3pm-11pm and 11pm-7am - There is a schedule posted in the office at the facility. - The home manager checked for the completion of fire drills - They were currently looking for a home manager because they had been without one since Feb. 2022 - She had a meeting with staff, 7/7/22, in reference to following the fire drill schedule - She would be posting the schedule around the facility and not just in the office.	V 114		
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	V 118		

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V 118	Continued From page 5 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: Based on record review, interview and observation the facility failed to ensure 3 of 4 audited (#2, #3, #4) clients' medications were administered on the written order of a physician. The findings are: Review on 7/6/22 of client #2's record revealed: - Admission date 9/29/95 - Diagnoses: Bipolar, Moderate Mental Retardation, Mild Obesity, Hypertension, High	V 118		

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V 118	Continued From page 6 Blood Pressure, enuresis Review on 7/6/22 of client #2's Physician order dated 9/23/21 revealed: - Promethazine Tablet (tab) 25mg (milligrams) - PRN (as needed) (antihistamines) Observation on 7/6/22 at 11:40am of client 2's medication box revealed no Promethazine present. Review on 7/6/22 of client #3's record revealed: - Admission date 7/16/18 - Diagnoses: Psychotic disorder, Down Syndrome, and Moderate Intellectual Disability Review on 7/6/22 of client #3's Physician order dated 9/23/21 revealed: - Amoxicillin Capsule 500mg - PRN (antibiotic) - Betameth DIP Ointment 0.05% - PRN (dermatological) - Cyclobenzapr tab 10mg - PRN (Musculoskeletal therapy agent) - K-Y Jelly Gel - PRN (dermatological) - Lorazepam tab 0.5mg - PRN (antianxiety) - Promethazine tab 25mg - PRN (antihistamine) Observation on 7/6/22 at 11:55pm of client #3's medication box revealed none of the PRN medications listed above present. Review on 7/6/22 of client #4's record revealed: - Admission date 12/28/12 - Diagnoses: Mild to moderate Anxiety, Attention Deficit disorder, Moderate Intellectual disorder and Cognitive Dysfunction Review on 7/6/22 of client #4's Physician order dated 9/23/21 revealed:	V 118		

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V 118	Continued From page 7 - Ibuprofen tablets 800mg - PRN (anti-inflammatory) - Lorazepam tab 1 mg - PRN (antianxiety and dental procedures) - Ondansetron tab 4mg ODT - PRN (nausea) - Promethazine tab 25mg - PRN (antihistamines) Observation on 7/6/22 at 12:14pm of client #4's medication box revealed none of the PRN medications listed above present. Interview on 7/6/22 staff #2 reported: - She could not locate the PRN's. - PRN's should be in the medication boxes and she didn't know why they weren't. - She didn't know where they were. Observation on 7/6/22 at 12:30pm revealed staff #2 looking in medication boxes and medication closet for PRN's. Interview on 7/6/22 the LPN reported: - Didn't keep PRN's onsite because they expire so they only order as they need them i.e. if someone is vomiting then the nurse would call the pharmacy to send the medication. - The pharmacy kept back-up medication there for when the facility needed them. - If someone was sick in the middle of the night, they would have to wait until the morning to call the pharmacist. - With the PRN's, the nurse would still have to be called, then the nurse calls the doctor to make sure that's what the doctor wants to give before they give it. Interview on 7/6/22 & 7/8/22 the Administrator reported: - She did not do anything with medications.	V 118		

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V 118	Continued From page 8 - The nursing staff dealt with the medications. - She supervised the nursing staff. - Didn't know how long the PRN's haven't been in the home. - She had addressed the PRN's not being in the home with nursing. - PRN's needed to be available in the home for the clients.	V 118		