STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL080-164	A. BUILDING: _____ B. WING _____	06/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABARRUS COUNTY GROUP HOME 5	106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023

(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 6/29/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disabilities. The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

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V 108	Continued From page 1 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure staff were trained to meet the MH/DD/SA needs of the clients affecting 2 of 2 audited staff (Group Home Manager (GHM) #1 and GHM #2). The findings are: Review on 6/15/22 of client #1's record revealed: -Admission date of 2/7/2019; -Diagnoses of Severe Intellectual Developmental -Disability, Speech Sound Disorder, Diabetes, High Blood Pressure and Acid Reflux; -Assessment dated 8/25/20 noted client #1 was able to come off insulin; Currently taking 2 medications to address diabetes (Trulicity and Metformin). Review on 6/14/22 of GHM #1's record revealed: -Date of hire: 3/29/22; -No documentation of diabetes training. Review on 6/14/22 of GHM #2's record revealed: -Date of hire: 12/1/2020; -No documentation of diabetes training; -High School diploma; -No documentation of medical training. Interviews on 6/15/22 and 6/27/22 with GHM #1	V 108		

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V 108	Continued From page 2 revealed: -Worked in the facility since 4/2022; -There are two diabetic clients in the facility; -Received training by GHM #2 in client specifics, facility orientation and facility protocols; -Review of GHM record revealed -GHM#2 showed her how to do "shots (administer injections) and finger sticks;" -"Keep an eye on blood sugars to make sure they are not too high and I just go off my knowledge;" -No formal diabetic training; -"She (GHM #2) just showed me how to give meds (medications);" -"Got the lock box, opened the lock box, it's refrigerated, and give it (Trulicity pen) to him (client #1);" -"...I just gave him the pen and he opened it and did everything;" -"Now, I unlock the box, take the medication out of the lock box, turn the dial on top, take the lid off pen then hand the pen to the client." Interview on 6/16/22 with GHM #2 revealed: -Worked at the facility for 2 ½ years; -No formal diabetes training; -Former Group Home Manager (FGHM) trained her; -"Shadowed" FGHM when she started at the facility; -FGHM showed her how things were done; -She trained GHM #1 when she started at the facility; -GHM #1 shadowed her; -That's the way it has been done since she started at the facility. This deficiency is crossed reference into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type B rule violation and must be	V 108		

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V 108	Continued From page 3 corrected within 45 days.	V 108		
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. (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.	V 118		

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V 118	Continued From page 4 This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to ensure medications were administered as ordered by the client's physician, affecting 1 of 3 clients (client #1). The findings are: Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (V108) Based on record reviews and interviews the facility failed to ensure staff were trained to meet the MH/DD/SA needs of the clients affecting 2 of 2 audited staff (Group Home Manager (GHM) #1 and GHM #2). The findings are: Review on 6/15/22 of client #1's record revealed: -Admission date of 2/7/2019; -Diagnoses of: Severe Intellectual Developmental Disability, Speech Sound Disorder, Diabetes, High Blood Pressure, and Acid Reflux: -Physician's order dated 10/8/21 for Trulicity (diabetes) 1.5mg (milligram) /0.5ml (milliliter), inject 1.5ml subcutaneously weekly, (every 7-day intervals) for diabetes; -No order for self administration of medication. Review on 6/14/22 and 6/15/22 of Client #1's MARs for period of 4/1/22 -6/15/22 revealed: -6/6/22 GHM #2 documented on back of the May 2022 MAR, "accidently wasted shot can't get refill until 6/16/22 due to insurance pharmacy notified;" -6/13/22 GHM #1 documented on back of the May 2022 MAR, "resident accidently wasted shot. Can't get until 6/16/22 due to insurance pharmacy notified;" Interviews on 6/15/22 and 6/27/22 with GHM #1 revealed:	V 118		

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V 118	Continued From page 5 -Client #1 missed his Trulicity dose scheduled for 5/16/22, no medication available; -One box of Trulicity 1.5mg/0.5ml containing 4 individual pens was delivered to group home; -One dose of medication (Trulicity) was given on 5/17/22; -On 5/30/22 two pens were available for two dosing times; -Staff gives the medication to the client and allows the client to inject the medication on his own; -On 5/30/22 during medication pass, client pushed the button on the pen before he took cap off the pen. When cap was removed medication "squirted everywhere;" -5/30/22 dose of Trulicity was "wasted;" -No refill was available until 6/16/22 due to client #1's insurance; -GHM #1 used client #1's last pen to give medication for 5/30/22; -Supervisor was notified of incident and an incident report was completed. Interviews on 6/16/22 with the GHM #2 revealed: -One box of Trulicity was delivered for client #1 on 5/17/22 containing 4 individual pens for 4 different dosing times; -When GHM #2 came on shift on 6/6/22 the medication was not available; -The Administrative Assistant was notified on 6/6/22 that the medication was not available. Interview on 6/16/22 with the Administrative Assistant revealed: -She didn't write the date down but thought she called the pharmacy 1 -1 ½ weeks ago; -Thought she called on 5/30/22 but could not be exactly sure; -She called the pharmacy on 6/6/22 to reorder medication;	V 118		

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V 118	Continued From page 6 -Medication unable to be filled until 6/16/22 due to insurance issue; -Out of pocket cost of medication over "800 something dollars;" -Remembers getting call from GHM #1 and GHM #1 reported more medication would be needed; -Confirmed receipt of Trulicity by checking delivery sheet; -Thinks that one of the pens was administered on 5/17/22. Interview on 6/16/22 with local pharmacy staff revealed: -Trulicity 1.5mg/0.5ml one box with 4 individual dosing pens was delivered on 5/17/22; -Pharmacy staff received a call on 6/14/22 from someone from the group home reporting client #1 missed his dose of Trulicity on 6/13/22. It was noted a second pharmacy staff person took the call, but it was not noted who second pharmacy staff spoke with; -Pharmacy recommended waiting until the next scheduled dosing time to resume administering the medication in order to keep the dosing schedule on track; -Pharmacy unaware of the 6/6/22 missed dose. Interview on 6/29/22 with the licensee revealed: -Pharmacy only delivered 4 doses per month which comes up short on months with 5 Mondays which is the day the Trulicity is administered to client #1; -Been back and forth with the pharmacy to try to resolve the issue; -Planned to reach out to client #1's physician to change the prescription to resolve issue; -Had reached out to a nurse to provide training in diabetes for the staff; -Trulicity injections are currently in the facility for client #1.	V 118		

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V 118	Continued From page 7 Review on 6/29/22 of the Plan of Protection dated 6/29/22 completed by the licensee revealed the following documented: "What immediate action will the facility take to ensure the safety of the consumers in your care? Client meds are at the group home. Will contact his Dr(doctor) about changing his presc (prescription) to read to cover the 5 mondays in some months. Staff will be trained by RN(Registered Nurse) within the next 48 hours; Describe your plans to make sure the above happens. 1. Contact Dr + pharmacy today. 2. Contact RN to set up training." Client #1 had diagnoses of Severe Intellectual Developmental Disability, Speech Sound Disorder, Diabetes, High Blood Pressure, and Acid Reflux. Client #1 was prescribed Trulicity 1.5mg /0.5ML inject 1.5Ml subcutaneously weekly, (every 7-day intervals) for diabetes. Client #1 missed two doses of his Trulicity on 6/6/22 and 6/13/22 due to no medication being available until 6/16/22 when the new doses were delivered from the pharmacy. GHM #1 and GHM #2 did not complete formal training in diabetes. No diabetes trainig was conducted by a medical professional. GHM#2 reported a former GHM trained her and she in turn trained GHM #1. The two missing doses of Trulicity and the lack of staff training in diabetes was detrimental to the health, safety and welfare of client #1 and constitutes a Type B rule violation. If this violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		