

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-336</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/25/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE MCCLAIN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7 BEE WOOD LANE</b> <b>SWANNANOVA, NC 28778</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 7/25/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></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 reviews and interviews, the facility failed to develop and implement treatment goals and strategies to address the clients' current needs for 2 of 3 clients (Clients #2, #3). The findings are:</p> <p>Review on 7/12/22 of Client #2's record revealed: -Date of admission -2019 -Diagnoses: Mild Intellectual Disability, Autism -There was no treatment plan with goals or strategies to address Client #2's history, currently functioning level or current needs.</p> <p>-Review on 7/12/22 of Client #3's record revealed: -Date of Admission- 2021 -Diagnosis- dementia -There was no treatment plan with goals or strategies to address Client #3's history, currently functioning level or current needs.</p> <p>Interview on 7/12/22 with Staff #1 revealed: -She wasn't aware Clients #2 and #3 needed a treatment plan. -These 2 clients were private pay. -She thought the guardianship agency might have had a treatment plan. -The QP (Qualified Professional) was aware of the clients residing there.</p> <p>Interview on 7/18/22 with the QP revealed:</p>	V 112		

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V 112	Continued From page 2  -He was aware Clients #2 and #3 resided at the facility. -"All of my bosses know (about these clients) and no one said anything." -Neither Client #1 nor Client #3 received any services from the Licensee.  This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 112		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided;	V 113		

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V 113	<p>Continued From page 3</p> <p>(8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain a client record for each individual admitted to the facility which included face sheet, client record number, date of birth, race, gender, marital status, admission date, diagnoses, screening/assessment, treatment plan, emergency contact, statement from legally responsible person granting permission to seek emergency care, documentation of services provided and documentation of progress toward outcomes for 2 of 3 clients (Clients #2, #3). The findings are:</p> <p>Review on 7/12/22 of Client #2's record revealed: -Date of admission -2019 -Diagnoses: Mild Intellectual Disability, Autism -There was no chart with the necessary information regarding Client #2.</p>	V 113		

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V 113	<p>Continued From page 4</p> <p>-Review on 7/12/22 of Client #3's record revealed: -Date of Admission- 2021 -Diagnosis- dementia -There was no chart with the necessary information regarding Client #3.</p> <p>Interview on 7/12/22 with Staff #1 revealed: -These 2 clients were private pay and the guardian had arranged for placement there. -She kept Client #2 and #3's medications locked and completed MARs (medication administration record) as she did with Client #1. -She had no consents for emergency treatment for Client #2 or #3.</p> <p>Interview on 7/18/22 with the Qualified Professional (QP) revealed: -He was not aware Clients #2 and #3 needed a chart. -Neither Client #2 nor Client #3 received any services from the Licensee. -He did not review medications, MARs or personal areas for Client #2 or #3 when he completed his quarterly home visits.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 113		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</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 observation, record review and interviews, the facility failed to keep the MARs current and failed to follow the written order of a physician for 3 of 3 clients (Client #1, Client #2 and Client #3). The findings are:</p> <p>Review on 7/12/22 of Client #1's record revealed: -Date of admission -8/11/19 -Diagnoses: Profound Intellectual Disability, Cerebral Palsy and Epilepsy.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>-Physician ordered medications on 10/27/21 included: -Bisacodyl 10mg- rectal suppository daily PRN (as needed) ordered 10/27/21. -Polyethylene Glycol- ½ cap in water twice daily ordered 5/21/19.</p> <p>Review on 7/12/22 of MARs for 5/1/22-7/11/22 revealed: -Bisacodyl had not been administered at all in July. -Polyethylene Glycol was administered in the AM on 5/1, 5/3, 5/6, 5/9, 5/12, 5/16, 5/19, 5/25, 5/26, 6/1, 6/4, 6/7, 6/10, 6/13, 6/16, 6/19, 6/22, 6/26, 6/30, 7/1, 7/4, 7/7/22 and in the PM on 5/4, 5/8, 5/11, 5/14, 5/17, 5/21, 5/24, 5/28, 6/2, 6/6, 6/9, 6/12, 6/15, 6/17, 6/20, 6/24, 6/28, 7/2, 7/5, 7/8/22. -Vitamin B6 100mg had not been administered at all from 5/1/22-7/11/22.</p> <p>Review on 7/12/22 of Client #2's record revealed: -Date of admission -2019 -Diagnoses: Mild Intellectual Disability, Autism -Physician ordered medications included: -Fluoxetine 40mg- daily ordered on 10/21/21 -Melatonin 5mg- at bedtime ordered on 2/4/20 -Cetirizine 10mg- at bedtime ordered on 2/4/20</p> <p>Review on 7/12/22 of MARs for 5/1/22-7/11/22 revealed: - Fluoxetine- was not marked as administered on 5/31, 7/8, 7/9, 7/10, 7/11/22. -Melatonin was not marked as administered on 5/30, 5/31, 7/7, 7/8, 7/9, 7/10/22. -Cetirizine was not marked as administered on 5/30, 5/31, 7/7, 7/8, 7/9, 7/10/22.</p> <p>Review on 7/12/22 of Client #3's record revealed: -Date of Admission- 2021</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>-Diagnosis- dementia</p> <p>-Physician ordered medications on included:</p> <ul style="list-style-type: none"> <li>-Atorvastatin 40mg take at night ordered 5/16/22</li> <li>-Buspirone 5mg take twice daily ordered 7/14/21</li> <li>-Gabapentin 400mg take twice daily ordered 7/14/21</li> </ul> <p>Review on 7/12/22 of MARs for 5/1/22-7/11/22 revealed:</p> <ul style="list-style-type: none"> <li>-Atorvastatin was not marked as administered on 6/30/22.</li> <li>-Buspirone was not marked as administered on 6/30/22 am or pm doses.</li> <li>-Gabapentin was not marked as administered on 6/30/22 am or pm doses or 7/1-7/11/22 am doses.</li> </ul> <p>Interview on 7/12/22 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-She did not administer the Polyethylene Glycol to Client #1 the way the order was written. She would get a new order.</li> <li>-Client #1 received Vitamin B6 every day and Bisacodyl as he needed but she had overlooked it on the MAR.</li> <li>-Clients #2 and #3 received their medications as ordered she just overlooked the documentation.</li> </ul> <p>Interview on 7/18/22 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>-He had not reviewed the MARs for Clients #2 and #3 but would monitor those on his visits.</li> </ul>	V 118		