

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-184</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/27/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLACKWELL'S COMMUNITY LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>509 FERNWAY DRIVE</b> <b>BURLINGTON, NC 27217</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on July 27, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	<p>Continued From page 1</p> <p>Record review on 7/27/22 of the facility's fire drill log revealed:</p> <ul style="list-style-type: none"> <li>-7/16/22- 11pm- 2nd shift.</li> <li>-6/28/22- 8:18 am- 1st shift.</li> <li>-6/22/22- 8:04am- 1st shift.</li> <li>-5/11/22- 5:00 pm- 2nd shift.</li> <li>-3/17/22- 8:03 am- 1st shift.</li> <li>-3/9/22- 8:07 am - 1st shift.</li> <li>-1/8/22- 12:07am- 3rd shift.</li> <li>-10/10/21- 12:06 am- 3rd shift.</li> <li>-10/13/21- 8:30 am- 1st shift.</li> <li>-9/20/21- 8:30 am- 1st shift.</li> <li>-8/5/21- 4:57 pm- 2nd shift.</li> <li>-7/25/21- 4:53 pm- 2nd shift.</li> <li>-There were no fire drills conducted for the 2nd shift for the fourth quarter of 2021.</li> <li>-There were no fire drills conducted for the 2nd shift for the first quarter of 2022.</li> <li>-There were no fire drills conducted for the 3rd shift for the second quarter of 2022.</li> </ul> <p>Record review on 7/27/22 of the facility's disaster drill log revealed the following:</p> <ul style="list-style-type: none"> <li>-6/28/22- 8:33am- 1st shift.</li> <li>-6/22/22- 8:10 am- 3rd shift.</li> <li>-5/11/22- 5:05pm- 2nd shift.</li> <li>-5/11/22- 8:10 am- 3rd shift</li> <li>-3/17/22- 8:19 am- 3rd shift.</li> <li>-3/9/22- 8:09 am- 3rd shift</li> <li>-1/8/22- 12:07am- 3rd shift.</li> <li>-10/16/21- 12:01 am- 3rd shift</li> <li>-9/20/21- 8:40 am- 1st shift.</li> <li>-There were no disaster drills conducted for 1st and 2nd shift for the fourth quarter of 2021.</li> <li>-There were no disaster drills conducted for 1st and 2nd shift for the fourth quarter of 2022.</li> </ul> <p>Interview on 7/27/22 with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-She was under the impression that all drills had</li> </ul>	V 114		

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V 114	Continued From page 2  been completed. -She was not aware that most drills had been done around the same time each drill. -She would try to make a calendar for scheduled drills to be completed. -She confirmed that staff failed to conduct fire and disaster drills under conditions that simulate emergencies for each shift and each quarter.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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 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	V 118		

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V 118	<p>Continued From page 3</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure the Medication Administration Record (MAR) was current for one of three audited client (#3). The findings are:</p> <p>.Review on 7/27/22 of Client #3's record revealed: - Admission date of 6/24/21. - Diagnoses of Mild Intellectual Developmental Disability; Autism Spectrum Disorder; Seizure Disorder; Constipation; Gastroesophageal Reflux Disease; Obesity; Acne.</p> <p>Review on 7/27/22 of Client #3's Physicians order dated 6/9/22 revealed: -Docusate Sodium 100 milligram (mg.) Take one capsule orally three times a week. -Biotene Dry Mouth Oral Rinse. Use as directed twice a day. -Biotene Tooth Paste. Brush as directed twice daily.</p> <p>Observation on 7/27/22 at 10:55 a.m. of Client #3's medication revealed: -Docusate Sodium 100 mg was not available. -Biotene Dry Mouth Oral Rinse was available. -Biotene Tooth Paste was available.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Review on 7/27/22 of Client #'3's MAR for May 2022 through July 2022 revealed blanks on the following dates:                      -Docusate Sodium 100 mg- 7/1-7/27.                      -Biotene Dry Mouth Oral Rinse was not listed on the MAR for July.                      -Biotene Tooth Paste was not listed on the MAR for July.</p> <p>Interview on 7/27/22 with the Administrator revealed:                      -Administrator and House Manager were responsible of reviewing MAR. "It was just an oversight."                      -They had not had any errors from the pharmacist before. The usual pharmacist had had a family crisis, which made her be off from work and another pharmacist made the refills and the new MARS.                      Administrator and House Manager did not check the MARs for accuracy.                      -She acknowledged that she had not kept the MAR current for client #3 for the month of July 2022.</p>	V 118		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS                      (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure all Level II incident report were</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are:</p> <p>Review on 7/27/22 of Client #1's record revealed: -Admission date of 4/14/16. -Diagnoses of Autism; Gastroesophageal Reflux Disease; Hyperthyroidism; Constipation.</p> <p>Review on 7/27/22 of Client #2's record revealed: -Admission date of 6/24/21. -Diagnoses of Mild Intellectual Developmental Disability; Autism Spectrum Disorder; Seizure Disorder; Constipation; Gastroesophageal Reflux Disease; Obesity; Acne.</p> <p>Review on 7/27/22 of the facility's incident reports log revealed: -6/27/22- Elopement- Client #2 eloped at around 6:30 am- found in neighborhood at 9:09 am. -6/7/22- Restraint on Client #2. -4/24/22- Elopement- Client #2 eloped after breakfast. -4/7/22- Restraint on Client #3.</p> <p>Review on 7/27/22 of the North Carolina Incident Response Improvement System (IRIS) revealed: -There were no Level II incident reports for Client #2 for incidents that occurred on 4/24/22, 6/7/22 and 6/27/22. -There were no Level II incident reports for Client #3 for incident that occurred on 4/7/22.</p> <p>Interview on 7/27/22 with Client #2 revealed: -She stated that she did not like it in the home because she wanted to go home. -She informed that she missed her parents and that she had been in the home for five years. -She reported that she would sometimes run away because she wanted to go home.</p>	V 367		



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V 367	Continued From page 8  Interview on 7/27/22 with the Executive Director (ED) revealed: -She was under the impression that all incidents had been submitted into IRIS. -Process for incidents to be placed into IRIS was that staff would complete the report and it was then handed over to the Qualified Professional (QP.) -The QP would then submit all the information into IRIS. -She acknowledged that incident reports were not being reported into the local MCO accordingly.	V 367		