STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-206	A. BUILDING: _____ B. WING _____	08/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 000	INITIAL COMMENTS An annual survey was completed on August 17, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	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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V 118	Continued From page 1 (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 and interview, the facility failed to administer medications as ordered by the physician for 2 of 3 clients audited (clients #1 and #2). The findings are: Finding #1: Review on 8/9/22 of client #2's record revealed: -45 year old male admitted 2/28/22. -Diagnoses included intellectual developmental disorder, severe; intermittent explosive disorder; autistic disorder; seizure disorder; and, esophagitis reflux. -All medications were to be administered through his gastrostomy tube. -There was no documentation the facility attempted to obtain Erythromycin from an back up source when not available from the facility pharmacy between 6/18/22 and 6/22/22. Review on 8/9/22 and 8/10/22 of client #2's medication orders and MARs from 7/1/22 - 8/10/22 revealed: -Order dated 12/2/21 and 7/29/22 for Erythromycin 200 mg (milligrams)/5ml (milliliters), give 6.3 ml's 3 times daily at 8am, 12 noon, and 5 pm. (antibiotic) -Erythromycin (200mg/5ml) 6.3 ml was not administered on 7/29/22 at 12 noon, 6/29/22 at	V 118		

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V 118	Continued From page 2 12 noon, or from 6/18/22, 5 pm dose, through 6/22/22 (7 doses missed). -Order dated 5/11/22 for Seroquel 100 mg twice daily at 8 am and 3 pm. (treatment of certain mental/mood conditions) -Seroquel 100 mg, 3 pm dose, was not administered on 6/1/22, 6/23/22, and 6/29/22. Finding #2: Review on 8/9/22 of client #1's record revealed: -32 year old male admitted 11/19/19. -Diagnoses included intellectual developmental disorder, mild; autistic disorder; psychotic disorder not otherwise specified; generalized anxiety with post traumatic stress disorder; intermittent explosive disorder with oppositional features; asthma; and hypothryroidism. -Allergy to Tylenol documented on client #1's Emergency Contact Form in the front of his record. -Individual Service Plan dated 10-1-21 documented a history of adverse reaction to Tylenol was documented in his medical records, but the type of reaction was not known. -Order dated 2/24/21 for Tylenol 500 mg, 1-2 tablets every 6 hours for headache, body ache, pain, or elevated temperature. -No order documented that the physician had been contacted to clarify if the Tylenol order should be continued or discontinued due to his history of adverse reaction to the medication. Review on 8/9/22 of client #1's MARs for June, July, and August 2022 revealed: -Order for Tylenol 500 mg, 1-2 tablets every 6 hours as needed for headache, body ache, pain, or elevated temperature was transcribed to client #1's MARs. -No Tylenol had been documented as administered.	V 118		

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V 118	Continued From page 3 Interview on 8/9/22 the House Manager stated: -Client #2's gastroenterologist and neurologist were located out of town. -The medications missed on 6/1/22, 6/23/22, 6/29/22, and 7/29/22 were missed because the client was at a medical appointment with one of his out of town physicians. -Client #2 missed Erythromycin from 6/18/22, 5 pm dose, through 6/22/22 because the pharmacy did not have the medication. -There was no Tylenol in the home that could be used for client #1. Interview on 8/17/22 the Qualified Professional stated the facility had a plan to send medications with client #2 when attending medical appointments out of town to prevent future missed doses.	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible	V 366		

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V 366	Continued From page 4	V 366		

for implementation of the corrections and preventive measures;
(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident

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V 366	Continued From page 5 and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to implement written policies governing their response to Level I incidents. The findings are:

Review on 8/9/22 of client #2's record revealed:
-45 year old male admitted 2/28/22.
-Diagnoses included intellectual developmental disorder, severe; intermittent explosive disorder; autistic disorder; seizure disorder; and, esophagitis reflux.
-Order dated 12/2/21 and 7/29/22 for Erythromycin 200 mg (milligrams)/5ml (milliliters), give 6.3 ml's 3 times daily at 8am, 12 noon, and 5 pm. (antibiotic)
-Order dated 5/11/22 for Seroquel 100 mg twice daily at 8 am and 3 pm. (treatment of certain mental/mood conditions)

Review on 8/9/22 of client #2's MARs from 7/1/22 - 8/10/22 revealed:
-Erythromycin (200mg/5ml) 6.3 ml was not administered on 7/29/22 at 12 noon, 6/29/22 at 12 noon, or from 6/18/22, 5 pm dose, through 6/22/22 (7 doses missed).
-Seroquel 100 mg, 3 pm dose, was not administered on 6/1/22, 6/23/22, and 6/29/22.

Review on 8/17/22 of the facility Incident Reporting Process policy revealed:
-All employees must comply with the facility policy to report incidents.
-Employees were to complete Level I incidents using the facility electronic incident report.

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V 366	Continued From page 7 -Medications errors were to be recorded as incident reports. Review on 8/11/22 of facility incident reports for June, July, and August 2022 revealed: -There were no incident reports for medication omissions for client #2. -There were no corrective measures documented to prevent client #2 from missing medications in the future when he attended out of town physician appointments. -There were no corrective measures documented if medications were not available from the pharmacy. Interview on 8/9/22 the House Manager stated: -Client #2 missed medications 6/1/22, 6/23/22, 629/22 and 7/29/22 because he was at out of town physician appointments. -The Licensed Practical Nurse was made aware when the client missed his medications. -Client #2 missed his Erythromycin from 6/18/22, 5 pm dose, through 6/22/22 (7 doses missed) because the facility pharmacy did not have the medication.	V 366		