Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL025-221	A. BUILDING: ______ B. WING ______	R 07/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLESSED HAVEN	1025 PLYMOUTH DRIVE NEW BERN, NC 28562

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on July 12, 2022. The complaint was unsubstantiated (intake #NC00190368). 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 2. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112	Lic. & Cert. Section AUG 31 2022 DHSR - Mental Health	

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain written consent or agreement for the treatment/habilitation or service plan by the legally responsible person for 2 of 2 current clients (#1 and #2). The findings are: Reviews on 07/12/22 of client #1's record revealed: - 32 year old male admitted to the facility 12/31/13. - Diagnoses included Autism Spectrum Disorder with language impairment, Intellectual/Developmental Disability, severe/profound, and Affective Mood Disorder. - Client #1's home county Department of Social Services (DSS) was his guardian. - Individual Support Plan dated 9/19/21 with no guardian signature. Reviews on 07/12/22 of client #2's record revealed: - 57 year old male admitted 2/09/09. - Diagnoses included Intellectual/Developmental Disability, mild, Schizoaffective Disorder, bi-polar type, Hypertension, Seizure Disorder, and Chronic Obstructive Pulmonary Disease. - Client #2's mother was his guardian. - Individual Support Plan dated 9/19/21 with no guardian signature.	V 112	**The ISP includes the "Unable to sign due to COVID-19" signature as Appendix K has authorized since March of 2020.** **That information was shared with the Provider before and after the first survey in March 2022.** **Since the 07/12/2022 visit client #1 is no longer in the home. Client #2 is still living in the home.** **The Residential Provider has not been asked by the Care Coordinator to obtain the signature for the ISP because it is not the Res. Prov. responsibility to do so. The Res. Prov. is a direct care worker and does not write the plan. The Care Coordinator that completed the plan reviewed the plan with the legal guardian upon completion and obtained verbal consent to continue with the current plan that was already in place as authorized and approved through Appendix K flexibilities.** **Care Coordinators are not authorized to make any face-to-face contact at this time; "Unable to sign due to COVID-19" as Appendix K has authorized since March of 2020 is within the guidelines and makes this plan incompliance.**	

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V 112	Continued From page 2 Interview on 07/13/22 the Licensee stated: - The management company staff said the statement "unable to sign due to covid 19" would be sufficient for signature of guardian. - She would have to send the plans out for signature. - She understood the plans should be reviewed with the client and the guardian. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112	**The current Care Coordinator who did not write the active plan, was contacted on 08-23-2022 and informed of the discrepancy with the Appendix K signature. He confirmed that Care Coordinators have not been authorized to make face to face visits and that Appendix K is used after the plan is reviewed and verbal authorization is obtained from the family/guardian.** **The QP will visit the Group home weekly to ensure that Residential Services are being provided as listed in the plan.**	08-23-2022 09-16-2022
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	V 113	**The QP will be accompanied by the Integrity Manager at each visit.**	

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V 113	Continued From page 3 emergency care from a hospital or physician; (7) documentation of services provided; (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain a complete record for 1 of 2 clients (#1). The findings are: Reviews on 07/12/22 of client #1's facility record revealed: - 32 year old male admitted to the facility 12/31/13. - His home county Department of Social Services DSS) was his Guardian. - Diagnoses included Autism Spectrum Disorder with language impairment, Intellectual/Developmental Disability, severe/profound, and Affective Mood Disorder. - Consent forms, including consent for emergency care and treatment electronically signed by a Qualified Professional (QP) and	V 113	**Client #1 is no longer living in the facility as of July 21, 2022.** **Please note that it is not the Residential Provider's responsibility to obtain signatures from the guardian for Consent forms under this entity. The Residential Provider is direct care staff. It is the QP's responsibility to review, explain, answer questions, and obtain consent whether it be verbal or written. During COVID-19 Appendix K has given provider agencies the flexibilities to use the "Unable to sign due to COVID-19" signature to keep members, their families, and our staff as safe as possible. Independent Human Services has used this tool in effort to do just that. Since Appendix K has been in effect, Independent Human Services always obtains verbal consent from legal guardians and families prior to providing services. More recently we offer options to guardians and families, of giving verbal consent or electronic signature. We do not encourage, request, or ask direct care staff, especially in a residential setting to meet face to face with families. Neither do we ask staff to obtain signatures from families or guardians of any kind. We try in every way to limit contact for the safety of the members we serve.**	

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V 113	Continued From page 4 dated 9/19/21 included the statement "Unable to sign due to COVID-19" on the guardian signature line. - No Guardian consent to seek emergency care and treatment. Interview on 07/13/22 the Licensee stated: - She had gotten client #2's guardian's signature. - She would have to ensure a signature from client #1's guardian was obtained. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 113	**The Agency Director will also follow-up with the Guardian to obtain the guardian's verbal Consent for Services, Emergency Treatment, Consent for Treatment, and Consent for Release of Information once again for Blessed Haven under the Management of Independent Human Services.** **Client #2's guardian is an elderly lady who is not computer savvy and does not have the option or the know how to complete electronic signatures. She confirmed that today and gave verbal consent for each consent listed above to continue as documented in the notebook during a phone call on this date with her daughter present as a witness on the call.**	08-25-2022 08-25-2022
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: Based on record review and interview the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The	V 114		

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V 114	Continued From page 5 findings are: Reviews on 07/12/22 of the facility records from March 2022 thru July 2022 revealed no documented fire or disaster drills. During interview on 07/12/22 client #2 stated he had done fire drills in the past but not disaster drills. Interview on 07/12/22 the Licensee stated: - She had completed fire and disaster drills in the past but did not document them. - She understood fire and disaster drills should be completed quarterly and repeated on each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114	**SUBMITTED 03/22/2022 COMPLETED 04/10/2022** The Managing Company reviewed the notebooks. The Emergency Disaster Plan has been placed in the notebook for each member. This will give the Provider easy access. This plan will be updated annually. The Fire/Disaster Drills are located in back flap of the notebook. These drills will be completed monthly by the Provider and/or staff on shift. Also, other drills will be completed so that drills other than Fire Drills are reviewed as well. Drills are to be submitted monthly by the 5th of the month for the previous month. The Agency Consultant will review the Disaster drills with the Provider and staff to ensure that they know where the drills are and how to complete the drills. **RECEIVED REVISIT REPORT 08/23/2022** **Drills were requested to be submitted for the month of August 2022 in correspondence (08-17-2022) to Residential Provider on 09-06-2022 and for September 2022 on 09-19-2022.** **Residential Provider's contract ends 09-18-2022. Licensure was notified (08-23-2022) via email that this agency will no longer be the Managing Agency of this facility as of this date. The update of this information was confirmed receipt (08-24-2022) from the state representative via email.**	09-06-2022 09-19-2022
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	V 118		

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V 118	Continued From page 6	V 118		

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 reviews, observation and interviews, the facility failed to administer medications on the written order of a physician, failed to keep the MARs current affecting one of two clients (#2) and one of two staff failed to demonstrate competency in medication administration (Staff #1/Licensee). The findings are:

Reviews on 07/12/22 of client #2's record revealed:
- 57 year old male admitted 2/09/09.
- Diagnoses included Intellectual Developmental Disability, mild, Schizoaffective Disorder, Bi-polar type, Hypertension, Seizure Disorder, and Chronic Obstructive Pulmonary Disease.

Review on 07/12/22 of a signed FL-2 for client #2 dated 12/13/21 revealed the following medication orders:

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V 118	Continued From page 7 - Trelegy Ellipta (prevents and controls asthma) - inhale 1 puff once daily. - Briviact (anti-epileptic) 50 milligrams (mg) - take twice daily. Review on 07/12/22 of client #2's MARs from March 11, 2022 thru July 11, 2022 revealed staff #1/Licensee initials to indicate the Trelegy Ellipta and Briviact were administered daily as ordered. Observation on 07/12/22 at approximately 12pm of client #2's medications revealed no Trelegy Ellipta and Briviact available for administration. Interview on 07/12/22 client #2 stated: - He had resided at the facility for many years. - He received his medications daily and did not miss any doses. - He used to take an inhaler in the past but does not have breathing issues currently. Interview on 07/12/22 of a representative of the current facility pharmacy stated: - Client #2's Trelegy Ellipta was last filled on 11/21/21. - Client #2's Briviact was last filled on 03/22/22. - The medication orders had expired and no contact was made from the facility for refills. Interview on 07/12/22 and 07/13/22 the staff #1/Licensee stated: - She had signed the MARs for client #2. - She understood the Trelegy Ellipta and Briviact had not been administered for several months. - She had switched pharmacies in 2021. - The pharmacy used to call the doctor and get refills. - She understood she was responsible to ensure the clients' medications were administered as ordered.	V 118	**RECEIVED REVISIT REPORT 08/23/2022:** **Realo distribution center used the Physicians Order dated 07/14/2022; filled and processed Trelegy Ellipta 100-65.2-25 on 07/14/2022 and 08/09/2022 with a 30-day supply.** **Realo distribution center used the Physicians Order dated 07/15/2022; filled and processed Briaviact 50mg Oral Tablet 07/21/2022 with 28-day supply changed to 7-day blister packs on 08/05/2022 and was last processed on 08/19/2022.** **Residential Provider will complete In-house Incident Report for Client #2 stating the Trelegy Ellipta medication was not administered from 11/21/2021 through 07-14-2022.** **Residential Provider will complete another In-house Incident Report for Client #2 stating the Briviact medication was not administered from 03/22/2022 through 07-21-2022.** **Both reports will be completed and signed by the Provider (licensee) and submitted to the Agency Integrity Manager by 2:30pm on 08-26-2022.** **The agency RN will monitor medication administration during weekly visits starting 09-01-2022 to ensure meds are being administered, documented, and updated as recommended by the Physicians Orders.** **The Integrity Manager will accompany the RN to each visit.** **The Agency Director will contact the Guardian to inform the guardian of the medication error to ensure that the guardian is aware and ensure the guardian that the RN will monitor Medication Administration weekly moving forward.** **The Physicians Orders were obtained by the Agency Director for the 2 meds listed above on 08-25-2022 from Realo Distribution Center and all current orders for Client #2 received on this same date and submitted to RN to assist with**	07-14-2022 07-21-2022 08-26-2022 09-16-2022 08-25-2022 08-25-2022

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V 118	Continued From page 8 - She would coordinate with the physician and pharmacy to ensure client #2's medications were administered as ordered. - She was uncertain of the last time the medications were at the facility. - She was responsible for the medications not being administered to client #2. Review on 07/13/22 of the Plan of Protection dated 06/13/22 (07/13/22) and completed by the Staff #1/Licensee revealed: "-What immediate action will the facility take to ensure he safety of the consumers in your care? Contact the pharmacy & doctor clients received med (medications) in a timely matter. -Describe your plans to make sure the above happens. Make sure direction are given to pharmacy by the doctor. I will contact pharmacy to tell me what the procedure for [local pharmacy]." Client #2 was a 57 year old male with diagnoses of Intellectual Developmental Disability, mild, Schizoaffective Disorder, Bi-polar type, Hypertension, Seizure Disorder, and Chronic Obstructive Pulmonary Disease. The staff #1/Licensee initialed the MARs daily from 03/11/22 thru 07/11/22 to indicate the medication was administered as ordered. Client #2's Trelegy Ellipta was last filled on 11/11/21 and the last dose known to be administered at the facility was 03/10/22. Client #2 would have missed a total of 153 days of Trelegy Ellipta. Client #2's Briviact was last filled on 03/22/22 for a 30 day supply and the last day of the medication available at the facility would have been 04/21/22. Client #2 would have missed 164 doses of Briviact. The staff #1/Licensee was unable to state the last date the above medications were administered. This deficiency constitutes a Type B rule violation	V 118	**CONT.** **weekly monitoring.** **The Residential Provider received formal Medication Administration Training prior to beginning her contract with this agency on 08-16-2021, along with in-service/recerts from the agency RN since beginning her contract with this agency via a few home visits for basic medication monitoring. The Provider along with other staff at the home received Medication Administration Training on March 28, 2022, as part of the POC from the deficiencies in the report submitted from the survey on 03/10/2022.** **Residential Provider's contract ends 09-18-2022. Licensure was notified (08-23-2022) via email that this agency will no longer be the Managing Agency of this facility as of this date. The update of this information was confirmed receipt (08-24-2022) from the state representative via email. The RN will monitor medication administration weekly until that time.**	

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V 118	Continued From page 9 which is detrimental to the health, safety and welfare of the clients. If the 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		