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	MHL070-041	A. BUILDING: _____ B. WING _____	R 08/19/2022

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THE SCOTT HOUSE	801 SECOND STREET ELIZABETH CITY, NC 27909

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 8/19/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of 3 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105		

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete an admission assessment for 1 of 3 audited clients (#2). The findings are: Review on 8/17/22 of Client #2's record revealed: - Admitted: 10/15/19 - Diagnoses: Down syndrome and mild-moderate intellectual disability - No admission assessment in the record Review on 8/17/22 of the facility's admission policy revealed: - "It is the policy of LIFE, Inc. to accept admission assessment documents from other agencies, or the area program for each client prior to the delivery of services...The admission assessment includes: 1. presenting problems or reason for admission, 2. The client's needs and strengths..." Interview on 8/17/22 the Program Manager reported: - She did not do an admission assessment. - Client #2 came from another one of their facilities. - She did not know she had to do another admission assessment. - She did a discharge summary from the other facility.	V 105		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

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V 118	Continued From page 3 (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. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure the medication was administered on the written order of a physician affecting 3 of 3 audited clients (#1, #2, #3). The findings are:	V 118		

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V 118	Continued From page 4 A. Review on 8/17/22 of Client #1's record revealed: - Admitted: 9/2/14 - Diagnoses: Intellectual disability, Major depressive disorder and Type 2 diabetes mellitus without complication - Physician's order dated 3/1/22 revealed: - Benadryl 25 milligram (mg) PRN (as needed) (allergies) - Debrox 6.5% ear drops PRN (ear wax) - Loperamide 2 mg tablets (tab) PRN (diarrhea) - Milk of Magnesia PRN (constipation) - Ventolin HFA AER PRN (respiratory) - no physician's order for Triamcinolone 0.1% cream, apply twice a day (rash) Review on 8/17/22 of Client #1's August 2022 MAR revealed: - Triamcinolone 0.1% cream, apply to rash twice a day (rash) - Last staff initialed as applied was 8/3/22 Observation on 8/17/22 at 10:30am of client #1's medications revealed the following PRN medications not available in the facility: - Triamcinolone - Benadryl - Debrox ear drops - Loperamide - Milk of Magnesia - Ventolin HFA inhaler Interview on 8/17/22 the Habilitation Coordinator reported: - Client #1's Loperamide may not have been in the home for about a year. - Client #1's Ventolin inhaler had not been in the facility since she started employment 3 years	V 118		

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V 118	Continued From page 5 ago. - He did not use the inhaler. B. Review on 8/17/22 of Client #2's record revealed: - Admitted: 10/15/16 - Diagnoses: Down syndrome, unspecified and Mild to moderate intellectual disability - Physician's order dated 3/1/22 revealed: - Antacid Plus Suspension (SUS) Gas Relief, PRN (indigestion) - Fluticasone Propionate 0.05% cream PRN (steroid) - Hydrocortisone 1% cream PRN (dermatitis) - Milk of Magnesia PRN (constipation) - Mylanta PRN (constipation) - Debrox 6.5% ear drops PRN (ear wax) Observation on 8/17/22 at 11:00am of client #2's medication revealed the following PRN's were not available in the facility: - Antacid Plus SUS Gas Relief - Fluticasone Propionate - Hydrocortisone 1% cream - Milk of Magnesia - Mylanta PRN - Debrox 6.5% ear drops C. Review on 8/17/22 of Client #3's record revealed: - Admitted: 10/1/06 - Diagnoses: Moderate Intellectual disability, Generalized Anxiety disorder and Impulse disorder - Physician's order dated 3/1/22 revealed: - Diphenhydramine 25mg PRN (antihistamine) - Ondansetron ODT 4mg PRN (vomiting)	V 118		

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V 118	Continued From page 6 Observation on 8/17/22 at 11:30am of client #3's medication revealed the following: - Ondansetron ODT 4mg expired 2/23/22 - The following medication was not available in the medication box: - Diphenhydramine 25mg Interview on 8/17/22 the Habilitation Coordinator reported: - Client #3 hadn't used Ondansetron "in a long time." - She was not sure the last time she used it. - Didn't know how long Diphenhydramine had not been available since client #3 didn't use it. Further interview on 8/17/22 the Habilitation Coordinator reported: - She had been employed about 3 years. - Some of her duties were to check, monitor, order and do the intake of any new medications. - She needed to re-order all the PRN medications. - The clients didn't use them and they would expire. - She would speak with the doctor about having them discontinued if the clients didn't use them.	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be	V 291		

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V 291	Continued From page 7 maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services with other Qualified Professionals (QP) responsible for treatment/habilitation or case management for 1 of 3 audited clients (#3). The findings are: Review on 8/17/22 of Client #3's record revealed: - Admitted: 10/1/06 - Diagnoses: Moderate Intellectual disabilities, Generalized Anxiety disorder and Impulse disorder - Treatment plan dated 8/5/21 revealed: "My QP is coordinating an updated psychological evaluation for me."	V 291		

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V 291	Continued From page 8 Interview on 8/19/22 the Habilitation Coordinator reported: - Client #3 only saw the Psychiatrist for evaluations. - She wasn't sure if an evaluation was completed at her last visit. - Didn't see an updated evaluation in client #3's record. - Called the Psychiatrist and left a message to check if an evaluation was completed at the last visit. Attempted interview with the QP on 8/19/22 at 9:00am and left a voicemail message. On 8/19/22 at 9:15am, called the facility and spoke with the Habilitation Coordinator who stated she would send an email out to the QP for a callback. Attempted interview with the psychiatrist on 8/19/22 at 10:00am and a voicemail message was left. Interview on 8/19/22 the Program Manager reported: - She would work with the Habilitation Coordinator and the QP to make sure that client #3's updated evaluation is completed and put in her record. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 291		