

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/25/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MCPHERSON HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>16 WALNUT HILL DRIVE FAIRVIEW, NC 28730</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 8/25/22. 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	<p><b>V112 Treatment/Hab Plan</b> Client 12/1/21 plan was saved in electronic file with Guardian giving informed verbal consent to QP to sign on her behalf. The plan was not in the physical chart and not visible to surveyor at time of review. QP put a copy in physical chart. QP will document in QP notes-all attempts to get guardian physical signature. Review with all QPs at next QPmtg- 1. make sure surveyor has access to all docs in chart for review. 2. Document attempts to get signatures in QP notes</p>	9/19/22
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: (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.</p>	V 112	<p><b>V113 Client Records</b> Consent for emergency treatment Guardian was sent release packet again on 9/12/22 and requested to sign electronically. DFS working on a new process to allow for options to electronically sign release forms. Admin staff and QPs will document all attempts made to acquire guardian signature on consent forms.</p> <p><b>V117 Medication Requirements</b> All meds are in packaging containing all required information/orders from the pharmacy. Staff has been instructed to keep all meds in the original package. QP will monitor monthly for 3 months and quarterly after. Documented on staff supervision form. AFL staff will attend retraining of medication administration scheduled for 9/20/22</p>	9/12/22  9/20/22

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Colleen Hahn</i>	TITLE <b>Executive Director</b>	(X6) DATE <b>9/12/22</b>
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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 have a Person Centered Plan with 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 affecting 1 of 3 clients (Client #1). The findings are:  Review on 8/23/22 of Client #1's record revealed: -Date of admission- 6/12/14 -Diagnoses- Mild Intellectual Disability, Pervasive Developmental Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder -The treatment plan dated 12/1/21 did not have guardian signature.  Interview on 8/23/22 with the Qualified Professional (QP) revealed: -He had sent a copy of the treatment plan to the guardian but had not received it back. -The guardian was Client #1's grandparent and did not have means to sign electronically.	V 112	V118 Medication Requirements  Additional training for staff: AFL staff will take Medication Administration class on 9/20/22. QP will review MAR, Scripts and medication labels each month for 3 months then will review Quarterly. All to be documented on staff supervision form during in home supervision.	9/20/22
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	V 113		

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V 113	<p>Continued From page 2</p> <p>contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(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;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(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>	V 113		

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V 113	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility staff failed to maintain a complete client record to include current consent for emergency treatment for 1 of 3 clients (Client #3). The findings are:</p> <p>Review on 8/23/22 of Client #3's record revealed: -Date of admission- 3/2/21 -Diagnoses- Mild Intellectual Disability, Post Traumatic Stress Disorder, Major Depressive Disorder, Oppositional Defiant Disorder, Borderline Personality Disorder. -Consent for permission to seek emergency treatment was signed 4/13/21.</p> <p>Interview on 8/23/22 with the Qualified Professional (QP) revealed: -The guardian for this client was a paid guardian. The consents were just overlooked. -Having treatment planning meetings virtually due to Covid made acquiring signatures much more difficult. -Trying to have consents signed at the time of the treatment planning meeting.</p>	V 113		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly</p>	V 117		

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V 117	<p>Continued From page 4</p> <p>visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to ensure the packaging and labeling of each prescription drug dispensed contained clear directions for administration affecting 2 of 3 clients (Client #2 and Client #3). The findings are:</p> <p>Observation on 8/23/22 at approximately 1:30pm of the medication box for Client #2 revealed 1 bottle of Fluticasone with the medication label only. There was no prescription label from</p>	V 117		
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V 117	<p>Continued From page 5</p> <p>dispensing pharmacy with current dispensing date, client name, the prescriber's name, or clear directions for administration.</p> <p>Record review on 8/23/22 for Client #2 revealed: -Date of admission-1/31/12 -Diagnoses- Mild Intellectual Disability, Autism, Attention Deficit Hyperactivity Disorder, Adjustment Disorder. -Physician ordered medication on 4/6/20 included: -Fluticasone 50mcg (micrograms) (for allergies) instill 1 spray twice daily.</p> <p>Observation on 8/23/22 at approximately 1:40pm of the medication box for Client #3 revealed 1 card type pill packet in wallet type cover. There was no identifying information on the wallet; no prescription label from dispensing pharmacy with current dispensing date, client name, the prescriber's name, or clear directions for administration.</p> <p>Record review on 8/23/22 for Client #3 revealed: -Date of admission-3/2/21 -Diagnoses- Mild Intellectual Disability, Oppositional Defiant Disorder, Major Depressive Disorder and Borderline Personality Disorder. -Physician ordered medication on 6/9/21 included: -Sprintec 28 0.25-35mg (milligrams) (birth control) once daily.</p> <p>Interview on 8/23/22 with Staff #1 revealed: -She was not aware she needed to keep the label from the box or baggie that medications came in. No one had ever told her that.</p> <p>Interview on 8/25/22 with the Qualified Professional revealed:</p>	V 117		

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V 117	Continued From page 6  -He would follow up to make sure Staff #1 kept all labels for all medications.	V 117		
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. (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.	V 118		

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V 118	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MARs current and failed to follow the written order of a physician for 1 of 3 clients (Client #3). The findings are:</p> <p>Record review on 8/23/22 for Client #3 revealed: -Date of admission-3/2/21 -Diagnoses- Mild Intellectual Disability, Oppositional Defiant Disorder, Major Depressive Disorder and Borderline Personality Disorder. -Physician ordered medication included: -Mirtazapine 7.5mg (milligrams)(for depression) one tablet at bedtime ordered 12/30/21. -Keflex (cephalexin) 500mg (antibiotic) one tablet 4 times a day for 7 days ordered 6/15/22.</p> <p>Review on 8/23/22 of June-August MARs for Client #3 revealed: -Mirtazapine was not administered in July or August without a discontinue order. -Keflex was not administered 6/16-6/22/22 at the 7pm dose. (7 doses) -Cephalexin 500mg was initialed as administered 4 times daily on 7/16-7/22/22 without an order.</p> <p>Interview on 8/23/22 with Staff #1 revealed: -Most doctor appointments were virtual and it was difficult getting doctors' orders. -"I'm absolutely positive [Client #3] was given her antibiotic medication at 7pm."</p> <p>Interview on 8/25/22 with the Qualified Professional revealed: -He would follow up and assist Staff #1 in obtaining orders as needed.</p>	V 118		



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V 118	Continued From page 8  -He would closely review MARs monthly.	V 118		