Division of Health Service Regulation

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DHSR-MH Licensure Sect

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-180	A. BUILDING: _____ B. WING _____	R-C 08/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMILTON	3101 HENRY BOULEVARD KINSTON, NC 28504

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint and follow up survey was completed on August 18, 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 2. The survey sample consisted of audits of 2 current clients.	V 000	Ambleside has Corrected this deficiency by Contacting the Pharmacy and requesting a new Kit be sent out w/ Correct labeling in order to be in Compliance w/ this rule. The updated Kit was delivered on 8/29/2022.	9/15/22
V 117	27G .0209 (B) Medication Requirements 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 visible; (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; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (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	V 117	In order to prevent this deficiency from occurring again, Ambleside will take the following Steps. 1) Ambleside's Medical Coordinator Conducts Bi-weekly med cart Audits Utilizing an Agency Developed Auditing tool. A Section has been	

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

Director of Operations — 8.30.22

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V 117	Continued From page 1 practitioner. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that medications for administration were labeled as required for 1 of 2 audited clients (client #2). The findings are: Review on 8/17/22 of client #2's record revealed: -37 year old male admitted 10/2/15. -Diagnoses included Paranoid Schizophrenic, Intellectual Developmental Disability- Moderate, Attention Deficient Hyperactive Disorder, Seizure Disorder and Mild Cognitive Impairment. -Physician's order dated 5/12/22 for Sinus Rinse, 1 packet in the nostrils daily. Observation on 8/17/22 at approximately 12:06pm am of client #2's medications on hand revealed: -A sinus rinse pack with 24 unopened packets out of a quantity of 30. -No pharmacy label with the prescriber's name, pharmacy dispense date, directions for administration, or pharmacy information. During interview on 8/17/22 the Director of Operations stated he did not know why there was no pharmacy label for client #2's Sinus rinse. He understood the requirement to maintain the pharmacy label for client medications and would discuss it with the medication coordinator.	V 117	added to this tool titled, "Medication Labeling and packaging. This will ensure that no less than Bi-weekly Ambleside's Medical Coordinator will ensure this area is in Compliance. If deficiencies are noted during Cart Audits. the Medical Coordinator Will act quickly to bring it back into Compliance. This will be monitored Bi-weekly by the Medical Coordinator.	

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V 118	Continued From page 2	V 118	V118 Ambleside takes the issue of Medication Administration very seriously, and will be implementing Staunch Measures to Correct this deficiency moving forward. In order to prevent future deficiencies in this area; Ambleside will implement the following Daily Routine, 1) Ambleside's Medical Coordinator, Multiple times per Day, will Check the "Dashboard" of the ~~ME~~-MAR to check the Med Pass progress. If A medication appears as though it was not passed for any Reason. the Medical Coordinator	9/1/22
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. This Rule is not met as evidenced by:	V 118		

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V 118	Continued From page 3 Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician affecting two of two clients (#1 and #2). The findings are: Review on 8/17/22 of client #1's record revealed: -31 year old male. -Admission date of 10/2/15. -Diagnoses of Bipolar Disorder, Intermittent Explosive Disorder, Autism, Attention Deficient Hyperactive Disorder, Anxiety, Allergic Rhinitis, Periodontal Disease and Constipation. Review on 8/17/22 of client #1's signed medication orders dated 12/4/21 and 8/8/22 revealed: -Benztropine (Bipolar) 2 milligrams (mg) take 1 twice daily. -Chlorhexidine 0.12% Rinse (gingivitis) 10 milliliter (ml) swish and spit twice daily. -Clonazepam 0.5mg (anxiety) 1 at bedtime. -Famotidine (antacid) 40mg 1 twice daily. -Risperidone (Bipolar) 4mg 1 twice daily. -Trazodone (anxiety) 100mg 1 at bedtime. Review on 8/17/22 of client #1's August 2022 MARs revealed the following blanks: -Benztropine 2 mg 8/13/22 at 8:00pm. -Chlorhexidine 10 ml 8/13/22 at 8:00pm. -Clonazepam 0.5mg 8/8/22 and 8/13/22 at 8:00pm. -Famotidine 40mg 8/13/22 at 8:00pm. -Risperidone 4mg 8/13/22 at 8:00pm. -Trazodone 100mg 8/13/22 at 8:00pm. Interview on 8/17/22 client #1 stated he received his medications as ordered. Review on 8/17/22 of client #2's record revealed: -37 year old male.	V 118	Will immediately follow-up w/ Staff to verify if the Med was passed or if it was missed for any reason. If Missed, the Medical Coordinator will provide instruction on Protocol for Completing Level I Medication incident. Additionally, the Medical Coordinator will Routinely monitor the MARs to ensure the Data has successfully transcribed. This will be monitored Daily by the Medical Coordinator, with Director of Operations filling in if Med Coordinator Out.	

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V 118	Continued From page 4 -Admission date of 10/2/15. -Diagnoses of Paranoid Schizophrenic, Moderate Intellectual Disabilities, Attention Deficient Hyperactive Disorder, Seizure Disorder, Mild Cognitive Impairment. Review on 8/17/22 of client #2's signed medication orders dated 03/3/22 revealed: -Clonazepam (anxiety) 0.5mg 1 three times daily. -Sinus Rinse (saline rinse) Packet 1 in nostril once daily. -Artificial Tears Drops (dry eyes) 1.4% 1 drop each eye daily. -Melatonin (insomnia) 5mg 1 at bedtime. Review on 8/17/22 of client #2's July 2022 and August 2022 MARs revealed the following blanks: July 2022: -Clonazepam 0.5mg 7/29/22 at 2:00pm. -Sinus Rinse 1 packet 7/28/22 -7/30/22 at 8:00am: August 2022: -Artificial Tears Drops 1 drop each eye 8/13/22 at 8:00pm. -Clonazepam .5mg 8/13/22 at 8:00pm. -Melatonin 5mg 8/13/22 at 8:00pm. Interview on 8/17/22 client #2 stated he received his medications everyday as ordered. Interview on 8/18/22 the Qualified Professional (QP) stated: -She had assisted with training staff on the medication data system. -The client's medications were always available to them. Interview on 8/18/22 the Medication Coordinator stated: -The QP had not documented the medications as	V 118		

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V 118	Continued From page 5 given on those days when she worked the shift. Interview on 8/17/22 the Director of Operations stated: -He understood medications were to be administered as ordered and would discuss it with the Medication Coordinator. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 8/17/22 at approximately 11:20am revealed: -The kitchen window and window sill beside the fridge was dirty and the blind had a broken slat; Dark spills on the floor in between the cabinet and the refrigerator. -2 doors on the back porch had screens that were ripped away from the frame. -A discarded refrigerator on the back porch. -The living room carpet had several dark, large	V 736	V736 All Maintenance Deficiencies will be addressed by the Maintenance Supervisor. All Cleanliness Deficiencies will be Completed by Hamilton Staff members. All deficient areas will be Corrected by within 30 days, and Correction will be verified by Director of Operations	8/24/22

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V 736	Continued From page 6 stains in it; ceiling vent above the carport door had rust spots and was hanging from the ceiling. -The hall bath had shoe molding that was pulled away at the corner of the shower and an approximately 3 foot (ft) long by 2 ft piece of wood on the floor by the shower and toilet. -Client #2's bedroom window sill had heavy dust, the double window had a blind with 1 broken slat and the other blind had 2 broken slats; the ceiling vent cover was rusty, table lamp shade had heavy dust and his 3 drawer night stand was missing 3 knobs. -Client #1's bedroom door had a surface crack and paint chipped away on the front; 3 large stained areas in the carpet; the ceiling vent had heavy dust and the ceiling fan had heavy dust on the blades; The closet light fixture did not have a cover. -Client #1's bathroom had a trashcan that required emptying; the shower had several areas with brown/dark stains between the tiles; 4 tiles were missing under the shower faucet; the window sill had heavy dust. -The hallway return vent had heavy dust. -There were 2 loose floor tiles inside the facility at the back door entrance. Interview on 8/18/22 the Qualified Professional stated she had no questions regarding facility items discussed at exit of the survey. Interview on 8/17/22 and 8/18/22 the Director of Operations stated: -The landlord was supposed to take the refrigerator away. -There had been a leak in the bathroom and the landlord was in the process of fixing the floor. This deficiency has been cited 4 times since the original cite on 12/4/20 and must be corrected	V 736		

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V 736	Continued From page 7 within 30 days.	V 736		

Ambleside
the Person Centered provider
CARF
Delmas E. Minshew
President
One Industrial Drive Snow Hill, NC 28580
Ph: 252-747-5252 Fx: 252-747-4244

Clinical Supervision Form

Staff Name: [redacted]	Date of Clinical Supervision: 8/22/2022

Individualized Supervision Goals	Met	Not Met	Comments
[redacted] will complete all Ontarget notes at the time of service provision, daily throughout the supervision plan year		X	Review of OnTarget notes reveals that staff member routinely completes notes on the day of service, however there are multiple instances where the staff member is taking 4, 5, or 6 days to complete his notes. Staff reminded of the importance of completing notes on the date of service to ensure that information is accurate.
[redacted] will learn his members preferences, and take his to community destinations of his choosing at least once per week throughout the plan year	X		During conversation with [redacted], he displayed a knowledge of his member's community preferences, such as; YMCA swimming pool, restaurants that he likes to visit, an foods that he likes to eat (i.e. Fried oysters and buffets)
[redacted] will understand and abide by all COVID-19 Precautions for the duration of the pandemic, or until CDC and/or NC DHHSS Revises their policies			Mask wearing, testing when symptoms are showing, none of us have gotten it since he has been with us. Continuing to social distance. Handwashing success as well.
[redacted] will increase the utilization of the "comments" section in Ontarget notes providing further detail about his member's services for the day		X	Review of notes reveals that [redacted] does not utilize the comments section as frequently as requested. Staff reminded of importance
[redacted] will increase his clinical abilities by watching de-escalation training videos on YouTube, and writing supervisor with summary, at least once per quarter, throughout the plan year		X	During conversation with [redacted] it was revealed that he has not completed this exercise, per expectations. Expectations were re-outlined, and he will complete this activity.

Please use Client initials when referencing Individual receiving services.
*This Form to be stored in Employee Personnel File

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carf
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One Industrial Drive Snow Hill, NC 28580
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[redacted] will participate in all required in-service trainings throughout the plan year to increase his clinical and operational abilities	X		[redacted] has attended all required in-service trainings during this survey period
[redacted] will increase his communication abilities by writing or calling his immediate supervisor at least bi-weekly to provide health and status updates on the individual he serves.		X	[redacted] has failed to effectively demonstrate high-level communication abilities as demonstrated by writing his supervisor bi-weekly.

Supervisor Comments:

[redacted] displays great clinical skills in his service provision of the individual he serves. That being said, he has failed to adequately communicate with his immediate supervisor, and needs to improve in this area. Furthermore, utilization of YouTube for additional education can go a long way in ensuring that he is serving his member well. All expectations and goals of this plan have been re-outlined for [redacted] and he will be receiving additional supervision within 3 months time.

Supervisor Signature and Date: [signature] 8-22-22

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