STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-192	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ULTIMATE FAMILY CARE HOME, INC	2508 SANDERS ROAD WILLOW SPRINGS, NC 27592

(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 An annual survey was completed on 8/31/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 2 current clients and 1 deceased client.	V 000		
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 emergency care from a hospital or physician;	V 113		

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V 113	Continued From page 1 (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 copies of lab test for 1 of 3 audited clients (#3). The findings are: Review on 8/24/22 of client #3's record revealed: - admitted 5/18/20 - diagnoses of Schizoaffective Disorder, Intellectual Developmental Disorder & Bipolar - physician order dated 5/31/22: Clozapine 50mg 2 1/2 bedtime (schizophrenia) - Clozapine levels were last checked May 2022 During interview on 8/30/22 staff #1 reported: - client #3 had his Clozapine levels checked weekly - the documentation was located in his "my chart" through his physician's office - he was not able to print the labs	V 113		

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V 113	Continued From page 2 During interview on 8/31/22 the Licensee reported: - staff will obtain a print out of the Clozapine levels from his physician's office - Clozapine levels will be placed in client #3's record	V 113		
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	V 118		

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V 118	Continued From page 3 with a physician. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered on the written order of a physician & failed to keep MARs current for 1 of 1 deceased client (DC#6) . The findings are: Review on 8/24/22 of Deceased Client (DC#6)'s record revealed: - admitted 9/14/21 and passed away 7/20/22 - diagnoses of Schizophrenia, Hypertension, Diabetes, Alcohol & Cocaine use - physician order dated 5/2/22: Amlodipine 5mg (milligrams) daily (blood pressure) (BP) - physician consultation dated 6/2/22: "blood pressure still elevated - check BP daily" Review on 8/24/22 of DC#6's May 2022 MARs revealed: - no documentation Amlodipine was administered the entire month of May 2022 - June 2022 blood pressures were checked weekly During interview on 8/30/22 the House Supervisor reported: - she could not locate the May 2022 MAR - she and a former staff reviewed MARs - she did not review MARs a lot at this facility, however, thought the former staff did - the Qualified Professional (QP) also reviewed the MARs	V 118		

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V 118	Continued From page 4 During interview on 8/31/22 the QP reported: - it was not her responsibility to review MARs During interview on 8/31/22 the Licensee reported: - it was she and the HS responsibility to review the MARs - staff will document medications in the EMAR (computerized) system and on the hard copy of the MAR Due to the failure to accurately document medication administration, it could not be determined if a client received their medications as ordered by the physician	V 118		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information;	V 367		

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V 367	Continued From page 5 (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a	V 367		

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V 367	Continued From page 6 report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was submitted to the Local Management Entity/Managed Care (LME/MCO) within 72 hours. The findings are: Review on 8/24/22 of Deceased Client (DC#6)'s record revealed: - admitted 9/14/21 and passed away 7/20/22 - diagnoses of Schizophrenia, Hypertension, Diabetes, Alcohol & Cocaine use	V 367		

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V 367	Continued From page 7 Review on 8/24/22 of a fax dated 7/21/22 submitted to the Division of Health Service Regulation (DHSR) revealed: - DC#6 passed away with unknown causes in the emergency room During interview on 8/31/22 the Qualified Professional reported: - she submitted a report of death to the DHSR - a representative at DHSR complaint unit informed her she did have to notify the LME/MCO - she would complete a level II incident report today (8/31/22)	V 367		