

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/22/2022
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NAME OF PROVIDER OR SUPPLIER INDIANHEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1003 INDIANHEAD CIRCLE SNOW HILL, NC 28580
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V 000	INITIAL COMMENTS An annual and follow up survey was completed on August 22, 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 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	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	<u>V112</u> An Individual Support Plan is a MCO: Treatment team developed once a year, and is used as A guideline in Staff Education. As it is not regularly updated, it can cause issues w/ Staff Education: Understanding of Correct Service Provision. Due to the COVID-19 Pandemic, Trillium Health Resources, has not updated their ISP's for 2 years. Both of these factors lead to this Deficiency. In order to Correct this deficiency, Ambleride will reach out to Client #4's Care Coordinator and Request an update to the ISP.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] TITLE: **Director of Operations** (X6) DATE: **8-29-22**

STATE FORM 6899 ZK7Y11 If continuation sheet 1 of 9

DHSR - Mental Health

SEP 01 2022

Lic. & Cert. Section

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement goals and strategies affecting one of three clients (#4). The findings are:</p> <p>Review on 08/18/22 of client #4's record revealed: - 41 year old male. - Admission date of 10/11/10. - Diagnoses of Moderate Intellectual Developmental Disability, Schizoaffective Disorder-Depressive Type, Diabetes Type II, Epilepsy, Hypertension and Hypothyroidism.</p> <p>Review on 08/22/22 of client #4's Individual Support Plan (ISP) dated 01/01/22 revealed: - "Medical/Behavioral I've (client #4) with Diabetes Type II. Therefore, I should avoid sweets, sugars, and starches. I have to adhere to a Diabetic Diet, in which my food intake must be monitored. My blood sugar level is checked twice daily at 7:00am and 4:00pm. If I appear not to be feeling well, staff should also check it then. My fasting glucose reading should remain between 80-90. If my glucose reading is checked during the afternoon, the reading should be between 100-120. If my glucose reading is checked in the evening, it should be checked two hours after dinner. The normal reading after I eat dinner should be no more than 120. If my readings are below or above normal, medical assistance will be needed. Signs and symptoms of low or high</p>	V 112	<p>Ambleside will Request the update to Reflect, "Ambleside will follow all Current M.D. orders for Client #4's Diabetic Care. With this broad verbage, it will accomodate for changes in Client #4's treatment process, as designated by MD, without requiring ISP updates. This will be completed by the Director of operations</p>	

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V 112	<p>Continued From page 2</p> <p>blood sugar levels are irritability, sweaty palms, fatigue, tiredness, drooling, shaking, and/or clammy skin. In the event of my blood sugar readings are below or above normal, seek medical attention immediately."</p> <p>Review on 08/18/22 of client #4's signed physician orders dated 06/03/22 revealed check fasting blood sugar 4 times daily.</p> <p>Review on 08/18/22 of a signed physician order for parameters for client #4's blood sugars dated 03/11/20 revealed: - "Physician Order for Checking Finger Stick Blood Sugar (FSBS): If Fasting FSBS is less than 70, give glucose/sugar & snack and recheck in 30 minutes. If [less than] 70 call physician. If fasting FSBS is greater than 250, recheck now and with 2nd check call physician if still over 250."</p> <p>Interview on 08/22/22 the Qualified Professional stated: - He understood the ISP needed to have current strategies to address client #4's blood sugar values. - He would follow up with the treatment team to ensure the ISP was corrected.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>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.</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift under conditions that simulate fire emergencies. The findings are:</p> <p>Review on 08/18/22 of facility records from October 2021 thru June 2022 revealed: - No 2nd shift fire drill documented for the 2nd quarter of 2022. - No 3rd shift disaster drill documented for the 4th quarter of 2021.</p> <p>Review on 08/18/22 of a "Fire/Evacuation Drill Form" signed by staff #2 and dated 05/22/22 revealed: - Fire drill. - "Description of Evacuation (i.e. Route Taken, Narrative Followed, etc.): I (staff #2) take the residents to the back of the house to exit back door. Call supervisor and 911. Move to safety."</p> <p>Interview on 08/18/22 staff #2 stated: - She had worked at the facility since January 2022. - She had not evacuated the clients from the</p>	V 114	<p><u>V114</u> Ambleside Inc.</p> <p>Will Develop and Maintain a "Drill Tracking" Spreadsheet to verify that Drills are being Conducted Per State Statute and Ambleside Policy & Procedure. This Spreadsheet will be Maintained by the Director of Operations</p> <p>Additionally, In order to ensure that drills are Conducted in a manner that "Simulates emergencies" the Director of Operations will Periodically monitor/Review Camera footage from Dates/Times When drills were reported as completed. If Staff fail to conduct the drill as prescribed, they will be Required to come in and</p>	
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V 114	<p>Continued From page 4</p> <p>facility during fire drills.</p> <ul style="list-style-type: none"> - She had reviewed the fire drill procedures. <p>Interview on 08/18/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - 1st shift 8am to 4pm. - 2nd shift 4pm to 11pm. - 3rd shift 11pm to 7am. - Weekend (12 hour shifts) - 7am to 7pm and 7pm to 7am. - He understood fire and disaster drills should be completed quarterly and repeated on each shift. - He understood the 05/22/22 fire drill did not simulate a fire emergency. <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 114	<p>Receive coaching on appropriate procedures.</p> <p>This, too, will be completed by the Director of Operations.</p>	
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V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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</p>	V 291	<p><u>V291</u></p> <p>Ambleside has Client #4's Documentation regarding parameters posted in the home, and educates staff at the time of hire on these parameters as well. Although we feel confident staff are following parameters, that being said previously, no document had space to record A 2nd Check.</p>	
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V 291	<p>Continued From page 5</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting one of three clients (#4). The findings are:</p> <p>Review on 08/18/22 of client #4's record revealed: - 41 year old male. - Admission date of 10/11/10. - Diagnoses of Moderate Intellectual Developmental Disability, Schizoaffective Disorder-Depressive Type, Diabetes Type II, Epilepsy, Hypertension and Hypothyroidism. - No documentation of rechecking or notification of client #4's physician of fasting blood sugar values greater than 250.</p> <p>Review on 08/22/22 of client #4's Individual Support Plan (ISP) dated 01/01/22 revealed: - "Medical/Behavioral I've (client #4) with Diabetes Type II. Therefore, I should avoid sweets, sugars, and starches. I have to adhere to a Diabetic Diet, in which my food intake must be monitored. My blood sugar level is checked twice</p>	V 291	<p>nor did the e-MAR system give an opportunity to record the follow up check, per parameters.</p> <p>To correct these issues the following actions will occur.</p> <p>1) Ambleside's "Blood Sugar Record" form will be updated to include a "2nd check" column in the event the 1st check is out of parameters. This will allow staff to record their 2nd check. This form will be developed & published by Director of Operations.</p> <p>2) Ambleside will work w/ the software developer for the QuickMAR system to install a mandatory 2nd check & record in the</p>	
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V 291	<p>Continued From page 6</p> <p>daily at 7:00am and 4:00pm. If I appear not to be feeling well, staff should also check it then. My fasting glucose reading should remain between 80-90. If my glucose reading is checked during the afternoon, the reading should be between 100-120. If my glucose reading is checked in the evening, it should be checked two hours after dinner. The normal reading after I eat dinner should be no more than 120. If my readings are below or above normal, medical assistance will be needed. Signs and symptoms of low or high blood sugar levels are irritability, sweaty palms, fatigue, tiredness, drooling, shaking, and/or clammy skin. In the event of my blood sugar readings are below or above normal, seek medical attention immediately."</p> <p>Review on 08/18/22 of client #4's signed physician orders dated 06/03/22 revealed check fasting blood sugar 4 times daily.</p> <p>Review on 08/18/22 of a signed physician order for parameters for client #4's blood sugars dated 03/11/20 revealed: - "Physician Order for Checking Finger Stick Blood Sugar (FSBS): If Fasting FSBS is less than 70, give glucose/sugar & snack and recheck in 30 minutes. If [less than] 70 call physician. If fasting FSBS is greater than 250, recheck now and with 2nd check call physician if still over 250."</p> <p>Review on 08/18/22 of client #4's June 2022 thru August 2022 Medication Administration Records (MAR) revealed the following dates and times of FSBS values greater than 250: - 08/13/22 at 10am - 266. - 07/02/22 at 7pm - 267. - 07/27/22 at 10am - 255. - 06/05/22 at 2pm - 252. - 06/06/22 at 7pm - 252.</p>	V 291	<p>Members parameters are exceeded. The Medical Coordinator will be responsible for communication w/ Development Team, Installation and Staff education.</p>	

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V 291	<p>Continued From page 7</p> <ul style="list-style-type: none"> - 06/24/22 at 10am - 265. - No documentation the above FSBS were rechecked or the physician was notified. <p>Interview on 08/19/22 the medical Coordinator stated:</p> <ul style="list-style-type: none"> - The staff have the 03/11/20 physician order parameters for client #4's FSBS values. - She was not able to locate any documentation were client #4's blood sugar was rechecked after a blood sugar reading of greater than 250 or the notification of the physician. - She was going to speak with the pharmacy about putting directions on the MAR about rechecking client #4's FSBS values and contact with the physician. <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 291		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>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:</p> <p>Observation on 08/18/22 at approximately</p>	V 736	<p><u>V736</u></p> <p>All Maintenance issues will be corrected by Ambleside's Maintenance Supervisor. All Cleanliness Deficiencies will be corrected by Ambleside Indianhead Staff members. Director of Operations</p>	

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V 736	<p>Continued From page 8</p> <p>9:30am revealed:</p> <ul style="list-style-type: none"> - A chair in the living room area had soiled fabric on the seat. - The kitchen had an approximately 3 inch by 4 inch hole in the linoleum floor. - The floors had dark stains on the carpeted surfaces throughout the facility. - The 2nd bathroom had discolored linoleum near the commode and tub area floor. The tub had black mildew in grout. - The 1st hallway bathroom had rust stains in the tub and one of three light bulbs did not work. A bug was on the dead bug was on the floor. - Client #4's bedroom had 3 broken slats in the window blinds. The inside portion of the bedroom door had paint peeled away near the knob. - Client #2's bedroom had bits of debris on the carpet in his room. <p>Interview on 08/18/22 the Qualified Professional stated he would follow up on repair items identified at exit.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 736	<i>Will verify Corrections</i>	
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