PRINTED: 09/01/2022
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	MHL092-964		R 08/29/2022

NAME OF PROVIDER OR SUPPLIER

LORD BERKLEY HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

116 LORD BERKLEY ROAD

RALEIGH, NC 27610

(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

DHSR - Mental Health

SEP 19 2022

Lic. & Cert. Section

Gilbert F. Rivers Jr
Gilbert F. Rivers Jr
9/14/22

V 000	INITIAL COMMENTS An Annual, Follow Up and Complaint survey was completed 8/29/22. Complaint Intake # (00192167) was unsubstantiated. 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 three clients and currently has a census of three. The survey sample consisted of audits of three 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		

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V 112	Continued From page 1	V 112		
	This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure one of three (#2) treatment plan goals were implemented. The findings are: Review on 8/22/22 of client #2's record revealed: -Admission date of 12/11/18 -Diagnoses of Mild Intellecutual Developmental Disability (IDD), Bipolar, Attention Deficit with Hyper Activity Disorder (ADHD), Intermittent Explosive Disorder, Oppositional Defiant Disorder (ODD), Anxiety Disorder, Mood Disorder and history of Paraphillia. -Treatment Plan dated 10/1/21 revealed: "1:1 staff need for in the home to ensure his overall well being/monitor...History of engaging in unsafe behaviors which include paraphillia, shaving off his hair, elopement and fashioning weapons out of common items..." Observation on 8/22/22 upon arrival at 9:30 AM revealed one staff present with three clients. Interview on 8/22/22 staff #1 stated: -He sometimes had a second staff working with him, but she had been suspended due to investigation. -Not had any staff work with him in a week. -Not sure about other shifts.	V 112	Individual will be assigned 1:1 staff for 1st and 2nd shifts. PRN staff is being used to temporarily fill in the vacant staff positions until permanent staff is hired. The agency recruiting department is actively interviewing candidates for the Program Manager Position opening and group home staff openings to alleviate the current staff shortage that currently exist in the facility. QP will follow up.	9/30/22

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V 112	Continued From page 2 -They are short on staff coverage right now. Interview on 8/22/22 client #3 stated: -He don't always have a staff daily to work with him. -"Its been a while" since he had a staff work with him. -Not sure what was going on, no one had mentioned it to him. Interview on 8/22/22 the former Qualified Professional stated: -Had people working with client #2 until the last week. -One staff is on suspension who worked first shift and had covered other shifts as well. -Looking to get new staff hired to fill open positions. -Been difficult hiring and maintaining staff.	V 112		
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	V 118		

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V 118	Continued From page 3 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 review and interview the facility failed to ensure medication was administered on the written order of a physician for one of three audited clients (#2). The findings are: Review on 8/22/22 of client #2's record revealed: -Admission date of 12/11/18 -Diagnoses of Mild Intellecutual Developmental Disability (IDD), Bipolar, Attention Deficit with Hyper Activity Disorder (ADHD), Intermittent Explosive Disorder, Oppositional Defiant Disorder (ODD), Anxiety Disorder, Mood Disorder and history of Paraphillia Review on 8/22/22 of client #2's Physician order dated 4/23/22 revealed "Clobetasol Ointment twice a day." Review on 8/22/22 of client #2's MAR revealed	V 118		

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V 118	Continued From page 4 staff initialed clobetasol ointment twice a day from August 1- August 22, 2022. Review on 8/22/22 of client #2's medications revealed the clobetasol ointment was not present in the facility. Interview on 8/22/22 client #2 stated: -Had not used that ointment in a long time. -It was prescribed for a rash a "while back" and no longer had the rash. -Can't remember the last time he used it. Interview on 8/22/22 the Former Qualified Professional stated: -Not aware the ointment for client #2 was not in the facility. -Staff should not be initialing the MAR when not administering a medication. -Will follow up and maybe get that ointment discontinued. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days]	V 118		
		V118	QP and Group Home Program Manager will review all facility medication changes and ensure that the medications orders are followed. QP and Group Home Program Manager will ensure that a prescription order is in the individual's medication record if/when a medication has been discontinued. The QP and Group Home Program Manager will ensure that the discontinued medication is properly annotated on the individual's medication administration record. All group home staff will receive medication administration refresher training on September 21, 2022.	9/21/22
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:	V 736		

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V 736	Continued From page 5 Based on observation and interview the facility failed to ensure the home was maintained in a safe and attractive manner. The findings are: Observation on 8/22/22 at 9:45 AM a smoke detector was chirping in the kitchen area. Interview on 8/22/22 staff #1 stated: -Did not notice the chirping from the smoke detector. -Not sure which one is chirping, "they may be all connected." -Not sure how long the smoke detector had been chirping. Interview on 8/22/22 the Qualified Professional stated: -Staff should change the batteries of the smoke detector as soon as they hear it -There should be batteries in the home.	V 736 V736	CBC (CI) facility maintenance will ensure that the smoke detectors are serviced since the issue is not battery related.	9/30/22