

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/21/2022
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NAME OF PROVIDER OR SUPPLIER GENTLE HANDS I	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 WASHINGTON STREET EAST WILSON, NC 27893
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed September 21, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview the Licensee failed to ensure delegation of authority for the operation of the facility and services. The findings are:</p> <p>Review on 9/21/22 of Division of Health Service Regulation "Client and Staff Census" completed by the Director/Chief Executive Officer/Licensee (D/CEO/L) revealed:</p> <ul style="list-style-type: none"> - 3 Direct Care Associates (DCA). - 1 Lead Direct Care Associate (LDCA) - 1 Program Manager. - 1 Qualified Professional (QP). <p>During interview on 9/20/22 DCA#1 stated:</p> <ul style="list-style-type: none"> - She was leaving the facility as the surveyor arrived. - She was "new" in her job at the facility and was not comfortable assisting with the survey. - The D/CEO/L was out of town. - She needed to contact the D/CEO/L to advise her of the survey. <p>During interview at approximately 10:00 am on 9/20/22 the D/CEO/L stated:</p> <ul style="list-style-type: none"> - She was out of town and it would take her approximately 3 hours to return to the facility. - The facility QP worked a full time job and was not available to go to the facility to assist with the survey. - There was no other staff available to assist with the survey. - She would be at the facility on 9/21/22 to participate in the survey process. <p>During interview on 9/21/22 the D/CEO/L stated:</p>	V 105		

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V 105	Continued From page 3 - The Program Manager was typically her designee when she was unavailable. - The Program Manager was on an extended leave of absence. - There was no other staff member designated to act in her stead. - She understood the rule requirement for delegation of authority.	V 105		
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	V 118		

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V 118	<p>Continued From page 4</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to keep the MARs current and to administer medications as ordered by a physician affecting 2 of 3 audited clients (#1 & #3). The findings are:</p> <p>Review on 9/21/22 of client #1's record revealed: - 47 year old female admitted 11/01/21. - Diagnoses included Intellectual/Developmental Disability, mild; Mood Disorder; Diabetes Mellitus, type II; obesity; hypothyroidism; hyperlipidemia; and high blood pressure. - Physician's orders signed 5/26/22 for Imitrex (migraines) 50 milligrams (mg) 1 tablet at onset of migraine; may repeat 1 time in 1-2 hours; as needed; and diphenhydramine (antihistamine) 50 mg 1 capsule at bedtime.</p> <p>Review on 9/21/22 of client #1's MARs for July - September 2022 revealed: - Transcription for Imitrex as ordered by the Physician 5/26/22. - Transcription for diphenhydramine as ordered by the Physician 5/26/22 with blanks on 8/31/22 and 7/31/22, with no explanations for the omissions.</p> <p>Observation on 9/21/22 at approximately 10:45 am of client #1's medications on hand revealed: - No Imitrex available for administration.</p>	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Diphenhydramine 50 mg 1 capsule at bedtime dispensed 9/03/22. <p>During interview on 9/21/22 client #1 stated:</p> <ul style="list-style-type: none"> - She did not know the names of the medications she took. - She took her medications daily with staff assistance. - She had never missed or refused any doses of her medications. <p>Review on 9/21/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 22 year old female admitted 6/20/22. - Diagnoses included Intellectual/Developmental Disability; Autism Spectrum Disorder; Bi-Polar Disorder; Personality Disorder; and Intermittent Explosive Disorder. - Physician's orders signed 7/05/22 for Dulcolax (laxative) 2 tablets at bedtime as needed. - "Medical Appointment Consultation Record" signed by the Physician Assistant-Certified (PA-C) 8/19/22 for hydrocortisone cream 2.5% (rash and dermatitis) apply topically to rash on chest and shoulders twice daily as needed. - "Electronically Transmitted Prescription" electronically signed by the PA-C and supervising Physician 8/19/22 for hydrocortisone 2.5% cream apply topically twice daily to rash on chest and shoulders. - No signed Physician's order for docusate sodium 100 mg 2 capsules twice daily as needed. <p>Review on 9/21/22 of client #3's MARs for July - September 2022 revealed:</p> <ul style="list-style-type: none"> - No transcriptions for Dulcolax. - Transcription for docusate sodium (laxative) 100 mg 1 capsule twice daily on the July 2022 MAR with staff initials twice daily 7/01/22 - 8:00 am 7/05/22; then "PRN (as needed) as of 7/05/22" handwritten on the July MAR with blanks for 8:00 	V 118		

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V 118	<p>Continued From page 6</p> <p>pm 7/01/22 and 8:00 am 7/02/22 with documentation of client refusals.</p> <ul style="list-style-type: none"> - Transcription for docusate sodium "As needed PRN" handwritten on the August 2022 MAR with twice daily documentation of administration 8/01/22 - 8/23/22. - Transcription for hydrocortisone cream 2.5% apply topically to rash on chest and shoulders twice daily on the September 2022 MAR with blanks for 8:00 pm 9/16/22 and 8:00 am 9/17/22 with no explanation for the omissions; otherwise documented twice daily for month of September 2022. - Handwritten transcription for hydrocortisone cream apply topically to rash on chest and shoulders twice daily on the August 2022 MAR with documentation of administration 8/20/22 - 8/25/22.; staff initials for administration 8/26/22 - 8/30/22 with a line drawn through the staff initials. <p>Observation on 9/21/22 at approximately 12:00 pm of client #3's medications on hand revealed:</p> <ul style="list-style-type: none"> - Docusate sodium 100 mg twice daily; a hand drawn line through "twice daily" and "prn" handwritten on the pharmacy label; dispensed 8/17/22. - Hydrocortisone cream 2% apply topically to rash on chest and shoulders twice daily, dispensed 8/31/22. <p>During interview on 9/21/22 client #3 stated:</p> <ul style="list-style-type: none"> - Her medications included docusate and "cortisone cream for my back and chest." - Her hydrocortisone cream was applied "every night before bed and every morning." - She took docusate as needed. - Staff administered her medications. - She had not missed or refused any doses since her admission. 	V 118		

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V 118	<p>Continued From page 7</p> <p>During interview on 9/21/22 the Director/Chief Executive Officer/Licensee stated:</p> <ul style="list-style-type: none"> - She knew parts of the client records, including the MARs, were not current. - Client #1 had not requested to take Imitrex for a migraine headache in some time; there was none on hand. - Client #3 was not on Dulcolax; she had always taken docusate sodium. - She did not know if client #3 still had a rash on her chest and shoulders; there was no documentation of the rash in the staff shift notes. - Client #3's hydrocortisone cream was applied twice daily. - She understood the deficiency and would take measures to correct it. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		