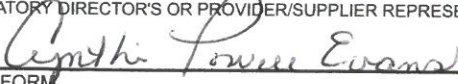


Division of Health Service Regulation

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	<p><i>See page 3 cpe</i></p> <p>RECEIVED OCT 05 2022 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director	(X6) DATE 9/30/22
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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	<p>Citation #1 V105 Governing Body Policies <u>Corrective Action/Monitoring/Frequency/Measures</u> <i>A Chain of Command identified to address the extent of staff responsibility, authority and structure of delegation. It ensures that there will always be a staff member capable of being physically available when required based on the "On Call" person for the month. This process will be reviewed by Director and QP along with all members of staff. Ongoing training will occur beginning October 13, 2022 to prevent this from occurring again. This will be monitored on a monthly basis by both the QP and Director via the monthly schedule.</i></p>	10/30/2022
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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	<i>See pages 5-7 CPE</i>	

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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	<p><i>continued from page 5</i></p> <p><u>Corrective Action/Monitoring/Frequency/Measures</u></p> <p><u>Measures to Prevent This from Recurring</u></p> <p><i>Additional Measures to be included with the above process will include:</i></p> <p><i>All meds received outside the batch delivery will be reviewed by (2) members of staff before administering. All medication received will be compared to script from doctor and electronic script received from Pharmacy for accuracy. Retraining will also occur every (6) months and after each incident of a medication error</i></p> <p><i>The strict adherence to the above process will prevent errors of this type from reoccurring in the future.</i></p> <p><u>Who Will Monitor & How Often</u></p> <p><i>The Program Manager or Director will be responsible for checking this at the start of each month and comparing previous month's MAR to the new; making any additions or deletions that may be required.</i></p> <p><u>How Often</u></p> <p><i>Staff will review all new medications and scripts prior to their administration and sign off</i></p> <p><i>Director at least once monthly</i></p> <p><i>QP at least once monthly</i></p> <p><i>In addition, Pharmacy will perform an in house review at least every (6) months</i></p> <p><i>continue on page 7</i></p>	
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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	<p><i>continued from page 6</i></p> <p>Corrective Action/Monitoring/Frequency/Measures</p> <p>Measures to Prevent This from Recurring</p> <p>Citation #2 - Client 3</p> <p><i>Ducolax was incorrectly entered by doctor instead of Docusate-this was corrected via written documentation from doctor</i></p> <p><i>I did state to the Surveyor that I felt there could be some discrepancies as the records had not undergone normal scrutiny as is our practice; a charge performed by the program manager who is currently on leave.</i></p> <p><i>The "Delegation of Authority" changes will address this in the future.</i></p>	9/23/2022
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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		