Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: __ COMPLETED R B. WING MHL098-155 09/21/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 WASHINGTON STREET EAST **GENTLE HANDS I** WILSON, NC 27893 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed September 21, 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 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. See sage 3 cre V 105 27G .0201 (A) (1-7) Governing Body Policies V 105 10A NCAC 27G .0201 GOVERNING BODY **POLICIES** (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge: (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document: (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to RECEIVED authorized users at all times; and (E) assurance of confidentiality of records. OCT 05 2022 (6) screenings, which shall include: (A) an assessment of the individual's presenting **DHSR-MH Licensure Sect** problem or need: (B) an assessment of whether or not the facility can provide services to address the individual's needs; and Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

9/30/22

PRINTED: 09/26/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED. R B. WING MHL098-155 09/21/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 WASHINGTON STREET EAST **GENTLE HANDS I WILSON, NC 27893** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 105 Continued From page 1 V 105 (C) the disposition, including referrals and recommendations: (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care. including delineation of client outcomes and utilization of services; (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

(G) review of all fatalities of active clients who were being served in area-operated or contracted

residential programs at the time of death; (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;

(E) strategies for improving client care; (F) review of staff qualifications and a

that area of service;

determination made to grant treatment/habilitation privileges:

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R MHL098-155 B. WING 09/21/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 WASHINGTON STREET EAST **GENTLE HANDS I WILSON, NC 27893** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 105 Continued From page 2 V 105 Citation #1 10/30/2022 This Rule is not met as evidenced by: V105 Governing Body Policies Based on record review and interview the Licensee failed to ensure delegation of authority Corrective Action/Monitoring/Frequency/Measures for the operation of the facility and services. The A Chain of Command identified to address the extent of findings are: staff responsibility, authority and structure of delegation. It ensures that there will always be a staff member Review on 9/21/22 of Division of Health Service capable of being physically available when required based Regulation "Client and Staff Census" completed on the "On Call" person for the month. by the Director/Chief Executive Officer/Licensee This process will be reviewed by Director and QP along (D/CEO/L) revealed: with all members of staff. Ongoing training will occur 3 Direct Care Associates (DCA). beginning October 13, 2022 to prevent this from - 1 Lead Direct Care Associate (LDCA) occurring again. This will be monitored on a monthly basis - 1 Program Manager. by both the QP and Director via the monthly schedule. - 1 Qualified Professional (QP). During interview on 9/20/22 DCA#1 stated: - 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. During interview at approximately 10:00 am on 9/20/22 the D/CEO/L stated: - 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

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During interview on 9/21/22 the D/CEO/L stated:

participate in the survey process.

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checks shall be recorded and kept with the MAR

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY						
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V 118	Continued From page	4	V 118									
				Citation #2 - Clients 1 & 3	10/	/						
	file followed up by appointment or consultation					13/2022						
	with a physician.			V118 Medication Requirements								
				Corrective Action/Monitoring/Frequency/Measures		asures						
				Retrain as procedure is already in place;	to include							
				additions noted below to current proced	ure							
				Program Manager was on leave								
	This Dula is not met a	a avidanced by		Guidelines for ordering, receiving and adm	ninisterina							
	This Rule is not met as evidenced by: Based on record reviews, observations and			medication will be revisited by all staff wit								
interviews the facility failed to keep the MARs				Director.	II QP ana							
current and to administer medications as ordered												
by a physician affecting 2 of 3 audited clients (#1				Staff will ensure that all medications are								
	& #3). The findings are:			administered per the order by comparing								
	Poving on 0/21/22 of client #11s record reveals de			meds to scripts at the start of each month								
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.				and at the time medications are								
				received in batch. The Program Manager								
				will check and double check batch items upon								
				receipt to ensure that all medications received		1						
				accurate based on the latest scripts and pi								
- Physician's orders signed 5/26/22 for Imitrex			MAR. Staff will ensure that any medic									
	(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.			discontinued since last batch is identified	7113							
				·								
				accordingly and removed from resident's								
				med stock to be returned to the pharmacy	and							
Review on 9/21/22 of client #1's MARs for July -			so indicated on the MAR.									
September 2022 revealed:			Staff will more closely monitor medication									
 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 			& MAR being administered on a daily basis	5								
			and ensure that they enter their initials onc	:e								
			meds are administered									
and 7/31/22, with no explanations for the												
	omissions.											
	_											
Observation on 9/21/22 at app				continued on page	5							
		ations on hand revealed:										
	 No Imitrex available fo 	r auministration.				- 1						

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PRINTED: 09/26/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R B. WING MHL098-155 09/21/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1615 WASHINGTON STREET EAST GENTLE HANDS I WILSON, NC 27893** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 118 Continued From page 5 V 118 continued from page 5 - Diphenhydramine 50 mg 1 capsule at bedtime Corrective Action/Monitoring/Frequency/Measures dispensed 9/03/22. Measures to Prevent This from Recurring During interview on 9/21/22 client #1 stated: Additional Measures to be included with the above - She did not know the names of the medications process will include: she took. - She took her medications daily with staff All meds received outside the batch delivery will assistance. be reviewed by (2) members of staff before She had never missed or refused any doses of administering. All medication received will be her medications. compared to script from doctor and electronic Review on 9/21/22 of client #3's record revealed: script received from Pharmacy for accuracy. - 22 year old female admitted 6/20/22. Retraining will also occur every (6) months and - Diagnoses included Intellectual/Developmental after each incident of a medication error Disability; Autism Spectrum Disorder; Bi-Polar Disorder; Personality Disorder; and Intermittent The strict adherence to the above process will Explosive Disorder. prevent errors of this type from reoccurring in the - Physician's orders signed 7/05/22 for Dulcolax future. (laxative) 2 tablets at bedtime as needed. "Medical Appointment Consultation Record" Who Will Monitor & How Often signed by the Physician Assistant-Certified (PA-C) The Program Manager or Director will be 8/19/22 for hydrocortisone cream 2.5% (rash and responsible for checking this at the start of each dermatitis) apply topically to rash on chest and month and comparing previous month's MAR shoulders twice daily as needed. "Electronically Transmitted Prescription" to the new; making any additions or deletions electronically signed by the PA-C and supervising that may be required. Physician 8/19/22 for hydrocortisone 2.5% cream **How Often** apply topically twice daily to rash on chest and Staff will review all new medications and scripts shoulders. - No signed Physician's order for docusate prior to their administration and sign off sodium 100 mg 2 capsules twice daily as needed. Director at least once monthly QP at least once monthly Review on 9/21/22 of client #3's MARs for July -In addition, Pharmacy will perform an in house September 2022 revealed:

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- 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

- No transcriptions for Dulcolax.

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review at least every (6) months

continue on page 7

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL098-155 09/21/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 WASHINGTON STREET EAST **GENTLE HANDS I WILSON, NC 27893** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 118 | Continued From page 6 V 118 continued from page 6 pm 7/01/22 and 8:00 am 7/02/22 with documentation of client refusals. Corrective Action/Monitoring/Frequency/Measures - Transcription for docusate sodium "As needed Measures to Prevent This from Recurring PRN" handwritten on the August 2022 MAR with Citation #2 - Client 3 9/23/2022 twice daily documentation of administration 8/01/22 - 8/23/22. Ducolax was incorrectly entered by - Transcription for hydrocortisone cream 2.5% doctor instead of Docusate-this was apply topically to rash on chest and shoulders corrected via written documentation from doctor 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. did state to the Surveyor that I felt there could Handwritten transcription for hydrocortisone be some discrepancies as the records had not cream apply topically to rash on chest and shoulders twice daily on the August 2022 MAR undergone normal scrunity as is our practice; with documentation of administration 8/20/22 a charge performed by the program manager 8/25/22.; staff initials for administration 8/26/22 who is currently on leave. 8/30/22 with a line drawn through the staff initials. The "Delegation of Authority" changes will Observation on 9/21/22 at approximately 12:00 ddress this in the future. pm of client #3's medications on hand revealed: - 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. During interview on 9/21/22 client #3 stated: - 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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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V 118	During interview on 9/ Executive Officer/Lice - She knew parts of the MARs, were not concluded to compare the MARS, were not compared to compare the MARS, were not concluded the MARS, w	21/22 the Director/Chief ensee stated: ne client records, including urrent. quested to take Imitrex for a some time; there was none Dulcolax; she had always m. client #3 still had a rash on ers; there was no rash in the staff shift notes. isone cream was applied deficiency and would take uttes a re-cited deficiency	V 118						

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