

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-336	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/20/2022
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NAME OF PROVIDER OR SUPPLIER
HOME CARE SOLUTIONS AT INLAND DRIVE

STREET ADDRESS, CITY, STATE, ZIP CODE
**719 INLAND DRIVE
KERNERSVILLE, NC 27284**

(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 9/20/22. The complaint was substantiated (Intake # NC189834). 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 3 and currently has a census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000	<p>DHSR - Mental Health</p> <p>NOV 04 2022</p> <p>Lic. & Cert. Section</p>	
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <p>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</p> <p>(2) specifies the duties and responsibilities of the position;</p> <p>(3) is signed by the staff member and the supervisor; and</p> <p>(4) is retained in the staff member's file.</p> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <p>(1) is at least 18 years of age;</p> <p>(2) is able to read, write, understand and follow directions;</p> <p>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</p> <p>(4) has no substantiated findings of abuse or</p>	V 107	<p>Staff files are kept on site at the main office. They are kept in the file room behind double lock and key.</p> <p>Explanation: we had recently had a file review. There were a couple of files that had been misplaced. Those files have since been located.</p>	

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LABORATORY DIRECTOR: [REDACTED] SIGNATURE

TITLE: **Director**

(X6) DATE: **10-17-22**

STATE FORM 6899 VDD611 If continuation sheet 1 of 10

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neglect listed on the North Carolina Health Care Personnel Registry.

(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.

(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.

(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.

*** This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to maintain a file for staff that included the required training, experience and other qualifications affecting 1 of 5 audited staff (staff #1). The findings are:

Review on 9/20/22 of facility personnel records revealed no personnel record was available for review for staff #1.

Interview on 9/20/22 with staff #1 revealed:
-He has worked for the facility about three years on third shift and his hours are 11pm to 8am and

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files are reviewed quarterly or as often as needed.

All files will be completed after training and stored in file room. If files are removed for any reason (review, audits, updates) they should be returned immediately.

Files should be reviewed after new hire training quarterly and as often as needed to ensure completeness.

The trainer is responsible for compiling and reviewing the files. The Director is responsible for quarterly audits.

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V 107	Continued From page 2 8pm to 8am every other weekend. Interviews on 9/20/22 with the Residential Manager, the Qualified Professional, and the Associate Professional revealed staff # 1 had a personnel record but none of them had access to the record. The record was locked in the Owners office, they don't have keys to the office.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108		

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* (Handwritten asterisk)

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reporting, investigating and controlling infectious and communicable diseases of personnel and clients.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure 3 of 5 audited staff (staff #1, the Residential Manager (RM), and the co-owner) were trained to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan. The findings are:

Review on 9/20/22 of facility personnel records revealed no record for staff #1, the RM, and the co-owner personnel records had no documentation that mh/dd/sa training was completed.

Interview on 9/20/22 with the Associate Professional (AP) revealed:

- He was unsure whether the RM, the co-owner, or staff #1 had completed the mh/dd/sa training;
- He was not responsible for mh/dd/sa training.
- He was unsure of who was responsible for mh/dd/sa training.

Interview on 9/20/22 with the Qualified Professional revealed:

- She was unsure whether the RM, the co-owner, or staff #1 had completed the mh/dd/sa training;
- The AP was responsible for ensuring staff had completed mh/dd/sa training.

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All staff will be trained to meet the mh/dd/sa needs of the clients as specified in the treatment/rehabilitation plan.

If an individual does not have this specific training, they will be trained/re-trained and the information added to the file. A record of this should be maintained in the employee file.

The training is provided at time of hire and annually updated. The designated Trainer is responsible for this. The Director will monitor to make sure it is

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V 118	Continued From page 4	V 118	<i>Complete.</i>	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p> This Rule is not met as evidenced by:</p>	V 118		<i>The monitoring will take place quarterly or as often as needed.</i>

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<p>V 118</p> <p><i>X</i></p>	<p>Continued From page 5</p> <p>Based on record reviews, observations, and interviews the facility failed to administer medications as ordered and maintain accurate MARs effecting 1 of 1 client (client #1). The findings are:</p> <p>Review on 9/20/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Date of Admission: 7/12/18; -Diagnoses: Intellectual Developmental Disability Moderate, Specified Disruptive Disorder and Impulse Control, Principal Schizophrenia Acute, Mild to Moderate/Obesity, postoperative hypothyroid with history of thyroid cancer, and Conduct Disorder; -Physician orders as follows: -3/23/22 Levothyroxine (thyroid cancer) 175 microgram, take 1 tablet by mouth once daily on an empty stomach; -7/23/2021 Vitamin D3 (deficiency) 1000 milligram, take 1 tablet by mouth once daily; -6/29/22 Docusate Sodium (constipation) 100 milligram, take 1 capsule by mouth twice daily; -7/25/2022 Quetiapine Fumarate (Anxiety/sleep/racing thoughts) 50 milligram, take 1 tablet by mouth in the morning at 10 am and 1 tablet in the evening at 9:30 pm; -4/6/22 Triamcinolone (skin) 0.025 ointment apply topically to affected area(s) twice daily; Lamotrigine (mood stabilizer) 200 milligram, take 1 tablet by mouth at bedtime; Loratadine (allergies) 10 milligram, take 1 tablet by mouth once daily; -11/3/2022 Melatonin (sleep aid) 5 milligram, take 1 tablet by mouth in the evening at 9 pm. <p>Review on 9/19/2022 of client #1's MARs for the month of September 2022 revealed:</p>	<p>V 118</p>	<p>Staff were re-trained and monitored for correctness and accuracy of medication administration.</p> <p>All staff are trained on medication administration prior to administering medications.</p> <p>The medication Nurse is responsible for training, instruction and oversight of medication administration.</p> <p>The director is responsible for making sure all staff are trained.</p> <p>MARs are reviewed weekly at the home and monitored monthly by the Nurse + QP before filing.</p>	
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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Loratadine was only documented as being administered on 9/2/22; - Triamcinolone was applied daily except for the mornings of 9/1/22, 9/3/22, 9/4/22, 9/14/22, 9/16/22 and the evenings of 9/4/22, 9/6/22, 9/8/22, and 9/14/22; - Levothyroxine and Vitamin D3 were not documented as being administered on 9/16/22; - Docusate Sodium was not documented as being administered the morning of 9/16/22; - Quetiapine Fumarate was not documented as being administered on the mornings of 9/11/22, 9/13/22, 9/15/22, and 9/16/22; - Docusate Sodium and Quetiapine Fumarate were not documented as being administered the evenings of 9/4/22, 9/6/22, 9/8/22, and 9/14/22; - Lamotrigine and Melatonin were not documented as being administered on 9/4/22, 9/6/22, 9/8/22, and 9/14/22. <p>Review on 9/20/22 of client #1's MARs for the months of July and August 2022 revealed that Triamcinolone was applied daily. (Even though the medication expired on 6/28/22.)</p> <p>Observation on 9/19/22 @ 4:12 pm of client #1's medications on hand revealed: -Loratadine was not available; -Triamcinolone expired on 6/28/22.</p> <p>Interview on 9/20/22 with staff #1 revealed he was unaware he failed to document that the medications were not administered.</p> <p>Interview on 9/19/22 with the Associate Professional revealed: -He was unsure why the medications were not documented as being administered;</p>	V 118	<p><i>The residential manager has been notified to increase reviews of the MARS and contact the nurse/Director as soon as an error has been found.</i></p> <p><i>This process is ongoing to ensure that medications are administered as ordered.</i></p>	

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V 118	Continued From page 7 -Staff should have documented on the back of the MARs the reason the medications were not administered. Interview on 9/20/2022 with the Residential Manager (RM) revealed: -She was unsure of why the medications were not documented as being administered; -Staff #1 was responsible for administering medications in the mornings and she would need to write up staff #1; -Had no prior knowledge of the Loratadine not being administered and the Triamcinolone being expired; -Was having trouble with getting staff to document when medications were administered; - Reviewed the MARs monthly. Interview on 9/20/22 with the Qualified Professional revealed: -She contacted the pharmacy on 9/20/22 and was waiting on a telephone call from the pharmacy to reorder Loratadine and Triamcinolone; -She, the RM, and staff were responsible for the MARs; -Staff were to notify the RM about any concerns with medications.	V 118		
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.	V 736		

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V 736	<p>Continued From page 8</p> <p><i>*</i> This Rule is not met as evidenced by: Based on observations and interviews, the facility staff failed to ensure the facility and its grounds were maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observations on 9/19/22 from 1:30 pm until 1:45 pm of the outside of the facility revealed: -The shrubs on the front of the facility were overgrown, one shrub with briars extended onto the front porch; -A sectional couch, a mattress, box spring, a gray tote, and white clothes basket with pillows/clothing covered with mold under the carport; -A mattress and box spring propped against the facility; -Bee/Wasp's nests on the front porch and over the ramp to the side door; -The storage building was covered with overgrown shrubs.</p> <p>Interview on 9/19/22 with Client #1 revealed the mattress, box spring, gray tote, and white clothes basket was under the carport and had been there since he moved into the facility (7/12/18).</p> <p>Interview on 9/19/22 with the Associate Professional revealed he does not work at the facility that often and did not recall seeing the mattress, box spring, gray tote, and white clothes basket before.</p> <p>Interview on 9/19/22 with the Co-owner revealed: -He was responsible for the upkeep of the facility/grounds; -Has a company to cut the grass every two weeks</p>	V 736	<p>The co-owner is responsible for lawn maintenance.</p> <p>The lawn maintenance has been delegated to a 3rd party. There is a bi-weekly grass cutting schedule.</p> <p>The maintenance of the yards will be monitored by [redacted] on a bi-weekly schedule as well.</p> <p>The schedule was implemented immediately.</p>	
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V 736	<p>Continued From page 9</p> <p>and complete other duties to the landscape as requested;</p> <ul style="list-style-type: none"> -The mattress, box spring and other items were outside to be picked up on big bulk item pick up; -Was unsure of the day that the items would be picked up; -The various items had only been outside for about two to three weeks since he switched out the furniture. <p>Interview on 9/20/22 with the Qualified Professional revealed;</p> <ul style="list-style-type: none"> -She visits the facility once a month and was last at the facility on the 28th of August; -Did not see the various items under the carport, bee/wasp's nest, or the maintenance needs to the grounds. <p>Interview on 9/20/22 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -He did not know how long the various items were under the carport; -Had seen the various items under the carport; -Had not observed the maintenance needs of the facility/grounds or the bee/wasp's nest because when he arrives to the facility it's dark/nighttime; -"The bushes are kinda long and I told the owners." <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		