

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/11/2022
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NAME OF PROVIDER OR SUPPLIER SCI-MT OLIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 WEST JOHN STREET MOUNT OLIVE, NC 28365
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 11, 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to hold fire and disaster drills at least quarterly (Q) and on each shift. The findings are:</p> <p>Review on 10/11/22 of fire and disaster drills from 10/1/21 - 9/30/22 revealed:</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>Q1: 1/1/22 - 3/31/22: No 3rd shift fire drill documented.</p> <p>Q2: 4/1/22 - 6/30/22: No 2nd shift fire drill documented; no 2nd shift disaster drill documented.</p> <p>Q3: 7/1/22 - 9/30/22: No 1st shift fire drill documented.</p> <p>Interview on 10/11/22 client #2 stated: -They would go out the back door when a fire drill was done. -They practiced tornado drills by going into the hall.</p> <p>Interview on 10/11/22 client #4 stated: -They would go out the front or side door when they practiced fire drills. -They would go into the hall and put their head down during a tornado drill. -She did not know how often these were done.</p> <p>Interview on 10/11/22 the Qualified Professional stated: -The facility shifts were: -1st shift: 6 am - 8:45 am -2nd shift: 2:45 pm - 10 pm -3rd shift: 10 pm - 6 am -She had not been able to locate documentation of the missing fire and disaster drills.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(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.</p>	V 118		

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V 118	<p>Continued From page 2</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: (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.</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: Based on record review and interview the facility failed to ensure medications were given as ordered by the physician for 1 of 3 clients audited. The findings are:</p> <p>Review on 10/6/22 of client #4's record revealed: -58 year old female admitted 4/17/17. -Diagnoses included moderate intellectual developmental disabilities, alopecia, seasonal</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>allergies, hypertension, diabetes, eczema, reflux, gum disease, mood disorder, and insomnia.</p> <p>Review on 10/6/22 of client #4's orders/dates revealed: -11/15/21: Check blood sugar (BS) in the mornings on Monday, Wednesday, Friday, and Saturday. Check BS at 6 pm on Tuesday, Thursday, and Sunday. -No physician orders for reporting BS results documented. -5/25/22: Lorazepam 1 mg at bedtime. Order discontinued on 9/16/22. (anxiety)</p> <p>Review on 10/6/22 of Agency policy on BS revealed: -BS results before meals (ac) acceptable range: 80-130 -BS results 1-2 hours following a meal (pc): 180 or less. -If BS results are outside of these parameters staff were to notify the on call administrator who would then contact the appropriate person, physician or registered nurse. -Follow other parameters and instructions for BS results if ordered by the physician.</p> <p>Review on 10/6/22 of client #4's MARs from 8/1/22 - 10/6/22 revealed: -BS results of 64 documented 9/24/22 at 8 am and 226 on 9/12/22 at 6 pm. No documentation results were reported to a physician or nurse. -9/16/22 staff documented there were no test strips to check blood sugar. No BS documented. -No documentation Lorazepam 1 mg was administered from 9/1/22 - 9/15/22.</p>	V 118		
V 366	27G .0603 Incident Response Requirments	V 366		

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V 366	<p>Continued From page 4</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record</p>	V 366		

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V 366	<p>Continued From page 5</p> <p>by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement policies for reporting/responding to level one incidents as required. The findings are:</p> <p>Finding #1: Review on 10/6/22 of client #1's record revealed: -42 year old female admitted 7/1/22. -Diagnoses included Lennox-Gestaut Syndrome, adjustment disorder, and traumatic brain injury. -Orders dated 4/27/22 for Clotrimazole cream 1% and Hydrocortisone cream 1% to be applied 3 times daily to inflammatory folds (intertrigo). -Multiple refusals of Clotrimazole cream 1% and Hydrocortisone cream 1% documented on the client #1's medication administration records (MARs) from 7/1/22 - 8/10/22 with the following</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>being examples of dates the medications were documented as refused by client #1: -Clotrimazole cream 1% refusals documented on 8/6/22, 8/7/22, 7/9/22, 7/10/22, 7/14/22, 7/23/22, 7/24/22. -Hydrocortisone cream 1% refusals documented on 8/6/22, 8/7/22, 7/9/22 - 7/21/22, 7/23/22, 7/24/22 , 7/30/22, 7/31/22.</p> <p>Finding #2: Review on 10/6/22 of client #4's record revealed: -58 year old female admitted 4/17/17. -Diagnoses included moderate intellectual developmental disabilities, alopecia, seasonal allergies, hypertension, diabetes, eczema, reflux, mood disorder, and insomnia. -Order dated 11/15/21: Check blood sugar (BS) in the mornings on Monday, Wednesday, Friday, and Saturday. Check BS at 6 pm on Tuesday, Thursday, and Sunday. -9/16/22 staff documented there were no test strips to check client #4's blood sugar. No BS was documented.</p> <p>Interview on 10/5/22 the Qualified Professional stated there were no level 1 incident reports for clients #1 and #4.</p>	V 366		