

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/30/2022
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S 1309	STREET ADDRESS, CITY, STATE, ZIP CODE 1309 GROVE STREET WILSON, NC 27893
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on November 30, 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 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to address client needs for one of three audited clients (#1). The findings are:</p> <p>Review on 11/29/22 and 11/30/22 of client #1's record revealed: - 70 year old male. - Admission date of 08/11/06. - Diagnoses of Schizophrenia, Mood Disorder Not Otherwise Specified by history, Profound Intellectual Developmental Disability (IDD), Major Neurocognitive Disorder, Obesity, Hypertension and Diabetes. - Treatment Plan dated 06/01/22. -No goals or strategies to address client #1's pureed diet, wrist splint and Continuous Positive Airway pressure (CPAP) use.</p> <p>Review on 11/29/22 and 11/30/22 of a signed physician order for client #1 dated 11/23/21 revealed Pureed Diet.</p> <p>Review on 11/29/22 of an order for client #1 dated 09/17/22 revealed he needed to wear a hand splint daily.</p> <p>Client #1 is nonverbal due to Profound IDD.</p> <p>Interview on 11/29/22 staff #1 stated: - Staff have to puree client #1's food.</p>	V 112		

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V 112	Continued From page 2 - 2nd shift staff put on client #1's hand splint for one hour per day. - Client #1 uses a CPAP machine overnight. Interview 11/30/22 the Qualified Professional/Owner stated: - She understood client #1's treatment plan needed to contain strategies to address his needs. - She would create a plan of correction to address identified issues.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift under conditions that simulate fire emergencies. The findings are:	V 114		

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V 114	Continued From page 3 Review on 11/30/22 of facility records for 2022 revealed: - No fire or disaster drills for 2nd shift in the 3rd quarter of 2022. - No fire drills under conditions that simulate fire emergencies on 3rd shift for the 2nd and 3rd quarters of 2022. Interview on 11/29/22 staff #1 stated: - 1st shift was 7am to 3pm. - 2nd shift was 3pm to 11pm. - 3rd shift was 11pm to 7am. Interview on 11/30/22 the Assistant Director stated: - Staff should have all residents leave the facility during fire drills. - He spoke with the House Manager about the fire drill procedures.	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription	V 117		

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V 117	<p>Continued From page 4</p> <p>drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to maintain pharmacy packaging labels as required for each prescription drug dispensed for one of three audited clients (#2). The findings are:</p> <p>Review on 11/29/22 of client #2's record revealed: - 35 year old female. - Admission date of 03/01/22. - Diagnoses of Bipolar Disorder Unspecified, Major Depressive Disorder Unspecified, Moderate Intellectual Developmental Disability, Language Expressive Disorder, Affective Mood Disorder, Vitamin D deficiency, Fetal Alcohol Syndrome and Seizures Disorder.</p> <p>Review on 11/29/22 of client #2's signed physician orders dated 09/20/22 revealed APRI (birth control) take one tablet daily.</p> <p>Observation on 11/29/22 at approximately</p>	V 117		

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V 117	<p>Continued From page 5</p> <p>11:29am of client #2's medications revealed: - A blister pack of pills in a blue dust cover. - No label to identify the medication.</p> <p>Interview on 11/29/22 staff #1 stated: - The blister pack of pills in the blue dust cover were birth control pills for client #2. - She was not able to locate the pharmacy label for client #2's birth control pills.</p> <p>Interview on 11/30/22 the Qualified Professional/Owner stated she understood all prescription medications should be properly labeled.</p> <p>[This deficiency constitutes a re-cite deficiency and must be corrected within 30 days.]</p>	V 117		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled</p>	V 120		

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V 120	<p>Continued From page 6</p> <p>Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure a refrigerated medication was kept in a locked compartment or container for one of three audited clients (#1).</p> <p>Review on 11/29/22 and 11/30/22 of client #1's record revealed: - 70 year old male. - Admission date of 08/11/06. - Diagnoses of Schizophrenia, Mood Disorder Not Otherwise Specified by history, Profound Intellectual Developmental Disability (IDD), Major Neurocognitive Disorder, Obesity, Hypertension and Diabetes.</p> <p>Review on 11/29/22 of a signed FL-2 for client #1 dated 03/26/22 revealed: - Xalatan (Latanoprost-treats high eye pressure) 0.005% (fridge) - 1 drop in each eye at bedtime.</p> <p>Observation on 11/29/22 at approximately 10:55am of the facility client refrigerator revealed: - Client food items. - Client #1's Xalatan eye drops was stored in a plastic bag in the client refrigerator.</p> <p>Interview on 11/29/22 staff #1 stated: - There was not a lock box for client #1's eye drops. - She understood all medications in the facility refrigerator should be kept in a locked box.</p>	V 120		

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V 120	Continued From page 7 Interview on 11/30/22 the Qualified Professional/Owner stated she understood all medications stored in the client refrigerator should be kept in a locked container.	V 120		