STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL033-132	A. BUILDING: _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS FAMILY SERVICES, INC	1649 HARPER STREET ROCKY MOUNT, NC 27801

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V 000	INITIAL COMMENTS A complaint survey was completed on 11/30/22. The complaint was substantiated (Intake #NC00194619). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 2 currents clients and 1 former client.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 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 authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's	V 105		

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V 105	Continued From page 1 needs; and (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 that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (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;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to do an admission assessment when admitting a client into their facility. The findings are: Review on 11/17/22 of Client #1's record revealed: - Admitted: 11/11/22 - Diagnoses: Bipolar, Schizoaffective disorder, and Mild Intellectual disability - No admission assessment in the record Interview on 11/17/22 and 11/30/22 the Qualified Professional (QP) reported: - The Director was responsible for completing admission assessments. - The Director took "full lead" on client #1's admission because the QP was not available. - He did not have a copy of the admission policy. - He would make sure the Director faxed the admission policy. - Understood why an admission assessment was needed for transfers because it was a new facility and would assist the Director with the admission assessments from now on. Interview on 11/17/22 the Director reported: - Was responsible for completing admission assessments. - Didn't do an admission assessment for client #1 because she was "just a transfer" from his other facility. - Didn't know he had to do an admission assessment.	V 105		

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V 105	Continued From page 3 - "I can do one now." - Would fax the admission policy. Interview on 11/30/22 the Director reported: - Forgot to fax the admission policy and was not by a fax machine but would still fax the policy. The admission policy had not been received by the survey exit on 11/30/22.	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	V 118		

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V 118	Continued From page 4 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications on the written order of a physician and keep the MARs current affecting 2 of 2 current audited clients (#2, #3) and 1 of 1 former audited client (FC#5). The findings are: A. Examples of not following physician orders Review on 11/17/22 of Client #2's record revealed: - Admitted: 12/2/21 - Diagnoses: Schizophrenia Paranoid Type, Attention Deficit Hyperactivity Disorder and Intellectual disability Review on 11/17/22 of Client #2's July 2022's MAR revealed: - Quetiapine Fumate 400mg (milligram) 1 tablet (tab) at bedtime (HS) (mood) - Melatonin 10mg tab 1 tab HS (insomnia) - Benztropine 1mg tab 1 tab 2 times a day (tremors) - Sertraline 25mg tab 1 tab daily (depression) - No changes made to the MAR to reflect the 7/14/22 physician order for these medications. Review on 11/18/22 of Client #2's Physician's order dated 7/14/22 revealed:	V 118		

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V 118	Continued From page 5 - Discontinue (D/C) Quetiapine 400mg at HS - Increase: Quetiapine to 500mg PO (by mouth) at bedtime - D/C Melatonin 10mg 1 tab at HS - Increase Melatonin to 10mg give 2 tabs at bedtime - D/C Benztropine - D/C Sertraline 25mg daily - Increase Sertraline to 50mg daily Review on 11/17/22 of Client #3's record revealed: - Admitted: 1/2/19 - Diagnoses: Mild Intellectual disability, Schizoaffective disorder, and Dementia Review on 11/17/22 of Client #3's July 2022's MAR revealed: - Melatonin 5mg tab 1 tab at bedtime (insomnia) - Quetiapine Fumarate 25mg 1 tab at bedtime (mood/behavior) - Quetiapine Fumarate 50mg 1 tab at bedtime along with 25mg dose (=75mg) (mood) - No changes made to the MAR to reflect the 7/14/22 physician order for these medications. Review on 11/18/22 of Client #3's Physician's order dated 7/14/22 revealed: - D/C Melatonin 5mg 1 tab at HS - Start Melatonin 5mg 2 tabs at HS - D/C Quetiapine 75mg at HS - Start Quetiapine 150mg at HS Review on 11/17/22 of FC#5's record revealed: - Admitted: 11/2/21 - Diagnoses: Psychotic disorder and Intellectual delay - Discharged: 11/10/22	V 118		

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V 118	Continued From page 6 Review on 11/17/22 of FC #5's July 2022's MAR revealed: - Aripiprazole 10mg tab take 1 tab every day (mood) - Divalproex 125mg (depakote) 1 tab by mouth 2 times a day - No changes made to the MAR to reflect the 7/14/22 physician order for these medications. Review on 11/18/22 of FC #5's Physician's order dated 7/14/22 revealed: - D/C Aripiprazole 10mg PO daily - Start Aripiprazole 5mg PO daily - D/C Depakote B. MARs not kept current Review on 11/17/22 of Client #2, #3 and FC #5 July 2022 MARs revealed: - Staff continued to initial medications throughout the remainder of July as being administered to clients' after they were d/c'd, changed or adjusted by the physician on 7/14/22. - There were no medication changes made on the July MARs to reflect any adjustments of medications. Interview on 11/30/22 the Director reported: - He "oversees" the medications and made sure there were no errors on the MARs. - He used to have an outside nurse come to the facility but she left around June/July 2022. - The outside nurse was responsible for checking the medications and MARs alongside him. - Once the nurse left, it was "left" up to him. - He was overwhelmed with a lot of work. - Once the nurse left, his workload increased and during a period in July 2022, he didn't notice the medication changes.	V 118		

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V 118	Continued From page 7 - "It was an oversight." - Doctor's would come to the group home once a month and would decrease, increase, remove, add on medications and sometimes he wouldn't get it because the doctor's would send it right to the pharmacy. - He would get the medication first before he got the paperwork. - He wouldn't get the paperwork sometimes until days later. - He was creating a system to be able to cross check everything so that this didn't happen again. - He just started this process within the last week. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		