

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL045-141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/14/2022
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CINA'S HOME

35 HALCYON COURT  
FLETCHER, NC 28732

(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
V 000	INITIAL COMMENTS  An annual survey was completed on November 14, 2022. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.  The facility is licensed for 3 and currently has a census of 3 clients. The survey sample consisted of audits of 3 current clients.	V 000		
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.	V 118		

DHSR - Mental Health

DEC 02 2022

Lic. & Cert. Section

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER



TITLE

QP/Supervisor

(X6) DATE

11/30/22

STATE FORM

1

If continuation sheet 1 of 7

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL045-141</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/14/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CINA'S HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>35 HALCYON COURT FLETCHER, NC 28732</b>		
(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
V 118	<p>Continued From page 1</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 administer medications on the written order of a physician affecting two of three audited clients (Clients # 1 and #3). The findings are:</p> <p>Review on 11/10/22 of Client #1's record revealed: -Admitted 1/10/17. -Diagnoses of Obsessive Compulsive Disorder (OCD), Oppositional Defiant Disorder, Hypercholesterolemia, Mild Intellectual Developmental Disability (IDD), Pre-Diabetic, Gastro-Esophageal Reflux Disease, Morbid obesity, Hyperlipidemia, Vitamin D Deficiency, Generalized Anxiety Disorder, and Congenital Malformation Syndrome.</p> <p>Observation on 11/10/22 at 9:52 a.m. of Client #1's medications included: -Colace 100 milligrams (mg) - 1 capsule every day. -Famotidine 40 mg - 1 tablet every day. -Loratadine 10 mg - 1 tablet every day. -Vitamin D3 1000 Units - 1 capsule every day. -Simvastatin 20 mg - 1 tablet at bedtime.</p> <p>Review on 11/10/22 of Client #1's MARs from September 2022 to present date included:</p>	V 118	<p>Comparing scripts to MAR's 12/31/22 are part of our annual Peer Reviews done for each individual in an AFL. This will continue to be done by QP's. QP will review scripts vs. MAR's quarterly in each home. QP will review all MAR's monthly &amp; ensure AFL staff sent in scripts for new or changed meds. RFI is hiring a new Admin Assistant to help ensure that scripts are up-to-date and in each record as ordered. All AFL staff will be re-trained that all scripts are to be kept in client record at the AFL and a copy turned into the QP. We now have all of the scripts for clients 1 &amp; 3. 11/30/22</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL045-141</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/14/2022</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CINA'S HOME**

**35 HALCYON COURT  
FLETCHER, NC 28732**

(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
V 118	<p>Continued From page 2</p> <p>-The above medications were administered as indicated on the packaging.</p> <p>Review on 11/10/22 of Client #1's physician orders revealed:</p> <p>-There were no orders for the following medications.</p> <p>-Colace 100 mg.</p> <p>-Famotidine 40 mg.</p> <p>-Loratadine 10 mg.</p> <p>-Vitamin D3 1000 Units.</p> <p>-Simvastatin 20 mg.</p> <p>Review on 11/10/22 of Client #3's record revealed:</p> <p>-Admitted 7/7/21.</p> <p>-Diagnoses of Moderate IDD, Schizophrenia, Insomnia, Overactive Bladder, Allergic Rhinitis, Hypercholesterolemia, Hypertension, OCD, and Type 2 Diabetes Mellitus.</p> <p>Observation on 11/10/22 at 10:23 a.m. of Client #3's medications included:</p> <p>-Fluticasone Propionate 50 micrograms (mcg) - 2 sprays in each nostril daily.</p> <p>-Metoprolol ER (extended release) 50 mg - 1 tablet daily.</p> <p>Review on 10/10/22 of Client #3's MARs from September 2022 to present date included:</p> <p>-The above medications were administered as indicated on the packaging.</p> <p>Review on 11/10/22 of Client #3's physician orders revealed:</p> <p>-There were no orders for the following medications.</p> <p>-Fluticasone Propionate 50 mcg.</p> <p>-Metoprolol ER 50 mg.</p>	V 118		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL045-141</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/14/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CINA'S HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>35 HALCYON COURT FLETCHER, NC 28732</b>		
(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
V 118	Continued From page 3  Interview on 11/10/22 with the AFL provider to request missing physician orders revealed: -She faxed all that she had to the office.  Interview on 11/14/22 with the Qualified Professional regarding missing physician orders revealed: -The physician orders were harder and harder to obtain due to them being sent electronically to the pharmacy. -They sent a letter to physician's a couple of months ago requesting orders and heard back from very few. -She would ensure physician orders were obtained moving forward.	V 118		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming  10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL045-141</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/14/2022</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CINA'S HOME**

**35 HALCYON COURT  
FLETCHER, NC 28732**

(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
V 540	<p>Continued From page 4</p> <p>individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the right to dignity and humane care in the provision of personal health, hygiene and grooming affecting 3 of 3 audited clients (Client's #1, #2 and #3). The findings are:</p> <p>Review on 11/10/22 of Client #1's record revealed: -Admitted 1/10/17. -Diagnoses of Obsessive Compulsive Disorder (OCD), Oppositional Defiant Disorder, Hypercholesterolemia, Mild Intellectual Developmental Disability (IDD), Pre-Diabetic, Gastro-Esophageal Reflux Disease, Morbid obesity, Hyperlipidemia, Vitamin D Deficiency, Generalized Anxiety Disorder, and Congenital Malformation Syndrome.</p> <p>Review on 11/10/22 of Client #2's record revealed: -Admitted 7/17/20. -Diagnoses of Cerebral Palsy, Seizure Disorder, Hypertension, Sleep Apnea, Asthma and Gastric Reflux.</p> <p>Review on 11/10/22 of Client #3's record revealed: -Admitted 7/7/21. -Diagnoses of Moderate IDD, Schizophrenia, Insomnia, Overactive Bladder, Allergic Rhinitis, Hypercholesterolemia, Hypertension, OCD, and Type 2 Diabetes Mellitus.</p>	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL045-141</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/14/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CINA'S HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>35 HALCYON COURT FLETCHER, NC 28732</b>		
(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
V 540	<p>Continued From page 5</p> <p>Interview on 11/10/22 with Client #1 revealed: -The AFL provider "upsets me...she holds money back from me...doesn't allow me to spend it on sugar and stuff...." -She was supposed to get \$66 a month and had to spend it on items for her lunches. -"I don't get the right to spend it on what I want." -She would be happy at the facility if she could spend her \$66 how she wanted.</p> <p>Interviews on 11/10/22 with Client's #2 and #3 revealed: -They were not able to say how their allowance was spent.</p> <p>Interview on 11/10/22 with the AFL Provider revealed: -She had all her client's buy their own body wash, shampoo, deodorant, and toothpaste, etc. -She assumed that was what the allowances were for. -Client #1 wanted a certain body wash. -She did not consider soap and body wash the same thing so she used Client #1's money to buy that. -If she allowed Client #1 to spend her money how she wanted she would buy nothing but candy and McDonald's everyday. -It was her job to make sure her client's stayed healthy and made healthy choices.</p> <p>Interview on 11/10/22 and 11/14/22 with the Qualified Professional revealed: -She was not aware the AFL Provider was having the client's spend their own money to buy personal hygiene items. -The client's had the right to spend their money on candy and fast food if that was what they wanted.</p>	V 540	<p>QP retrained AFL provider on client spending money, stating that AFL is responsible for providing all personal care items &amp; meals. QP trained AFL provider on Dignity of Risk, stating that if client #1 wants to spend all money on junk food, than that is their right despite whether or not it is an unhealthy choice.</p> <p>RFI is making changes to the Expenditure Sheets to inquire each month how clients choose to spend their money. QP will continue to review Expenditure Sheets monthly.</p>	<p>11/15/22</p> <p>12/31/22</p>

## Division of Health Service Regulation

PRINTED: 11/18/2022  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL045-141</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>11/14/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CINA'S HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>35 HALCYON COURT FLETCHER, NC 28732</b>		
(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
V 540	Continued From page 6 -She would speak to the AFL Provider about this.	V 540		