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	092-516	A. BUILDING: _____ B. WING _____	R 12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY'S MANOR II	501 BUNN STREET ZEBULON, NC 27597

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 12/9/22. The complaint was unsubstantiated (intake #NC00194203). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits 3 current clients.	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	V 105		

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V 105	Continued From page 1 can provide services to address the individual's 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 develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Record review on 12/9/22 of client #5's record revealed: - admitted 4/10/22 - diagnoses: Schizoaffective Disorder, Hypertension, Intellectual Developmental Disorder, Diabetes - a FL2 dated 6/21/22: Metformin 500mg twice a day & check blood sugars (BS) daily - no documentation of a CLIA waiver During interview on staff #1 reported: - he checked client #5's BS daily During interview on 12/9/22 the Licensee reported: - she was not aware of the CLIA waiver - would contact the appropriate officials to obtain the CLIA waiver	V 105		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

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V 118	Continued From page 3 (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 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 observation, record review and interview the facility failed to ensure 2 of 3 audited clients (#2 & #5) medications were administered on the written order of a physician. The findings are:	V 118		

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V 118	Continued From page 4 A. Review on 12/9/22 of client #2's record revealed: - admitted 2/19/22 - diagnoses of Schizophrenia - a FL2 dated 2/17/22: Ambien 10mg as needed (insomnia) - a physician's order dated 3/2/22: Klonopin 1mg daily (anxiety) Observation on 12/9/22 at 11:58am revealed: - no medication for the Klonopin & Ambien Review on 12/9/22 of client #2's October 2022 - December 2022 revealed: - no staff initials for the entire months of October 2022 - December 2022 During interview on 12/9/22 the Licensee reported: - she would fax the orders to the pharmacy to get the medications filled B. Record review on 12/9/22 of client #5's record revealed: - admitted 4/10/22 - diagnoses: Schizoaffective Disorder, Hypertension, Intellectual Developmental Disorder, Diabetes - a FL2 dated 6/1/22: Lisinopril 2.5mg daily (blood pressure) (BP) - a physician's consultation dated 12/1/22 "increasing Lisinopril to 5mg daily by mouth BP uncontrolled. Please check BP three times a week..." Observation on 12/9/22 revealed: Lisinopril 2.5mg was on client #5's medication label During interview on 12/9/22 staff #1 reported:	V 118		

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V 118	Continued From page 5 - checked BP daily - was not aware of three times a day During interview on 12/9/22 the Licensee reported: - she was responsible for the review of the physician's consultations - she overlooked the 12/1/22 physician consultation - will fax it to the pharmacy - will ensure BP check three times a day	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by	V 290		

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V 290	Continued From page 6 the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a minimum of one staff member was present at all times except when the client's treatment plan documented the client was capable of remaining in the community for 1 of 3 audited clients (#2). The findings are: Review on 12/9/22 of client #2's record revealed: - admitted 2/19/22 - diagnoses of Schizophrenia - a treatment plan dated 3/12/22 with no documentation of unsupervised time During interview on 11/30/22 client #2 reported: - had his own vehicle - unsupervised time to go to the gas station &	V 290		

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V 290	Continued From page 7 restaurants During interview on 12/9/22 the Licensee reported: - client #2 had 2 hours of unsupervised time in the community - will have the Qualified Professional implement in client #2's treatment plan	V 290		
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 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.	V 540		

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V 540	Continued From page 8 This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the clients' bathroom had toilet paper affecting 5 of 5 clients (#1-#5). The findings are: Observation on 11/30/22 at 2:38pm revealed no toilet tissue in the clients' bathroom During interview on 11/30/22 client #2 reported: - had to ask for toilet paper when he used the bathroom - staff would give him the entire roll of toilet paper During interview on 11/30/22 client #5 reported: - had to ask staff for toilet paper - staff rolled off the toilet paper for him to use the bathroom During interview on 11/30/22 staff #1 reported: - clients rolled off too much toilet tissue - several plumbers been to the facility to unclog the commode During interview on 12/9/22 the Licensee reported: - would ensure toilet paper was in the bathroom	V 540		