

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-460	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/09/2022
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NAME OF PROVIDER OR SUPPLIER MARY'S MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GAIL RIDGE LANE WENDELL, NC 27591
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V 000	<p>INITIAL COMMENTS</p> <p>An annual & follow up survey was completed on 12/9/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness & 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>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;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>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:</p> <p>Record review on 12/8/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 6/23/18 - diagnoses: Bipolar, Insomnia, Diabetes Type 2, Asthma, Hypertension, Hyperlipidemia & Gastroesophageal reflux - a FL2 dated 6/21/22: Metformin 1000mg twice a day & check blood sugars (BS) Mondays, Wednesdays & Fridays - no documentation of a CLIA waiver <p>Record review on 12/8/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - admitted 11/17/22 - diagnoses: Schizoaffective Disorder, Hypothyroidism, Type 2 Diabetes &Gastro-esophageal Reflux Disease - a FL2 dated 12/8/22: Metformin 1000mg daily & check blood sugar (BS) daily - no documentation of a CLIA waiver <p>During interview on staff #1 reported:</p> <ul style="list-style-type: none"> - he checked client #5's BS daily <p>During interview on 12/9/22 the Licensee</p>	V 105		

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V 105	Continued From page 3 reported: - she was not aware of the CLIA waiver - would contact the appropriate officials to obtain the CLIA waiver	V 105		
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 interview the facility failed to ensure fire and disaster drills were completed quarterly & on each shift. The findings are: Review on 12/8/22 of the facility's fire & disaster drill log revealed: - no fire drills completed prior to 6/30/22 - no disaster drills completed after 4/8/22 During interview on 12/8/22 staff #1 reported: - started May 2022	V 114		

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V 114	Continued From page 4 - will ensure disaster drill was completed During interview on 12/8/22 the Licensee reported: - will ensure fire and disaster drills were completed	V 114		
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 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were administered on a written physician order for 1 of 3 audited clients (#6). The findings are:</p> <p>Record review on 12/8/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - admitted 11/17/22 - diagnoses: Schizoaffective Disorder, Hypothyroidism, Type 2 Diabetes & Gastro-esophageal Reflux Disease - a physician's order dated 11/17/22: Divalproex 1000mg (milligrams) bedtime (Bipolar) - a physician's order dated 11/17/22: Paliperidom Palmitate 156mg every 4 weeks (schizophrenia) <p>Observation on 12/8/22 at 4:02pm of client #6's medication box revealed no Depakote</p> <p>During interview on 12/8/22 the Licensee reported:</p> <ul style="list-style-type: none"> - the injection was not listed on the FL2 - was not aware of the physician order for the Divalproex & Paliperidom 	V 118		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential 	V 367		

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V 367	<p>Continued From page 7</p> <p>information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed within 72 hours and submitted to the Local Management Entity/Managed Care Organization. The findings are:</p> <p>Review on 12/8/22 of FC#7's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/11/22 & discharged 9/22 - diagnoses: Schizoaffective Disorder, Bipolar & Attention Deficit Disorder <p>Review on 12/8/22 of a progress note dated 9/5/22 for FC#7 revealed:</p> <ul style="list-style-type: none"> - "...loud arguing with staff and [FC#7] walked away. Police came and she was almost to the road & police brought her back to the houseanother staff took to (2 different) [mental health hospitals] both was full. She jumped out the car and hopped on the city bus and staff followed the bus until it stoppedclient got off the bus and calm down. Was returned to the facility with no problems...." <p>During interview on 12/8/22 staff #1 reported:</p> <ul style="list-style-type: none"> - Former Client (FC#7) wandered from the facility and was gone for a couple of hours - she returned back to the facility - she was not the staff on duty - FC#7 was discharged September 2022 <p>During interview on 12/8/22 the Licensee reported:</p> <ul style="list-style-type: none"> - incident reports were not completed for the 	V 367		

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V 367	Continued From page 9 police calls - the Qualified Professional was responsible the the completion of incident reports - was not sure if the QP was aware of the police calls	V 367		