

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/22/2022
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NAME OF PROVIDER OR SUPPLIER LEE COUNTY GROUP HOME, INC #1	STREET ADDRESS, CITY, STATE, ZIP CODE 3101 CARBONTON ROAD SANFORD, NC 27330
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow-up and complaint survey was completed on December 22, 2022. The complaint (intake #NC00194606) was substantiated. 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>The facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills on each</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>shift at least quarterly. The findings are:</p> <p>Review on 12/22/22 of the facility's fire and disaster drills record revealed:</p> <ul style="list-style-type: none"> -There were no fire drills conducted on each shift at least quarterly. -There were no disaster drills conducted on each shift at least quarterly. <p>Interview on 12/22/22 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -He confirmed there were no fire and disaster drills conducted on each shift at least quarterly. -He would facilitate a staff meeting to discuss scheduling of fire and disaster drills. -Starting January 3rd staff would start conducting fire and disaster drills on each shift at least quarterly. -He would have staff sign off and document drills on a form. <p>This deficiency has been cited 3 times since the original cite on 9/25/18 and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure the medication administration record was current for one of three audited clients (#1). The findings are:</p> <p>Review on 12/22/22 of Client #1's record revealed: -Admission date of 8/23/19. -Diagnosis of Autism Disorder.</p> <p>Review on 12/22/22 of Client #1's Physician orders revealed: -Order dated 10/3/22:</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-Divalproex tab 250mg - take 2 tablets by mouth every evening.</p> <p>-Order dated 11/10/21: -Colestid 1gm - take one tablet by mouth twice a day. -NAC Cap 600mg - take one capsule by mouth three times a day.</p> <p>Observation on 12/22/22 at 9:30 a.m. of Client #1's medication was dispensed in a Smart Pack - where every medication was given based on time and date.</p> <p>-Colestid 1gm - take one tablet by mouth twice a day.</p> <p>-NAC Cap 600mg - take one capsule by mouth three times a day.</p> <p>-Divalproex tab 250mg - take 2 tablets by mouth every evening.</p> <p>Review on 12/22/22 of Client #1's MARs for September 2022 and December 2022 revealed blanks on the following dates: September 2022: -Colestid 1gm - 5:00 p.m. on 9/2/22, 9/3/22, 9/4/22, 9/5/22, 9/6/22, 9/7/22, 9/8/22, 9/9/22, 9/10/22, 9/11/22 and 9/12/22. -NAC Cap 600mg - 4:00 p.m. on 9/4/22, 9/5/22, 9/7/22, 9/8/22, 9/9/22, 9/10/22, 9/11/22, 9/12/22 and 8:00 p.m. on 9/2/22, 9/3/22, 9/4/22, 9/5/22, 9/6/22, 9/7/22, 9/8/22, 9/9/22, 9/10/22, 9/11/22, 9/12/22 and 9/13/22. -Divalproex tab 250mg - 8:00 a.m. on 9/2/22, 9/3/22, 9/4/22, 9/5/22, 9/6/22, 9/7/22, 9/8/22, 9/9/22, 9/10/22, 9/11/22, 9/12/22 and 9/13/22.</p> <p>December 2022: -Colestid 1gm - 5:00 p.m. on 12/1/22, 12/11/22, 12/12/22, 12/13/22, 12/16/22, 12/17/22, 12/18/22 and 12/19/22. -NAC Cap 600mg - 4:00 p.m. on 12/5/22,</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>12/7/22, 12/8/22, 12/9/22, 12/10/22, 12/11/22, 12/12/22, 12/13/22, 12/14/22, 12/15/22, 12/16/22, 12/17/22, 12/18/22, 12/19/22, 12/20/22 and 8:00 p.m. on 12/1/22, 12/10/22, 12/11/22, 12/12/22, 12/15/22, 12/16/22, 12/17/22, 12/18/22, 12/19/22 and 12/21/22.</p> <p>-Divalproex tab 250mg - 8:00 p.m. on 12/1/22 12/10/22, 12/11/22, 12/12/22, 12/16/22, 12/17/22, 12/18/22 and 12/19/22.</p> <p>Interview on 12/22/22 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -All clients medication was in a smart pack based on time and date. -Staff last medication administration training was in 8/27/22. -He would have all staff retake medication administration training. -Training would be completed by pharmacy that dispensed the medication. 	V 118		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p>	V 536		

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V 536	<p>Continued From page 5</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and 	V 536		

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V 536	<p>Continued From page 6</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee</p>	V 536		

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V 536	<p>Continued From page 7</p> <p>performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

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V 536	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure two of two audited staff (#1 and #2) and the Executive Director had current training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 12/22/22 of Staff #1's personnel record revealed: -Hired date of 6/20/11 as a House Manager. -National Crisis Intervention Plus training expired 5/3/19. -There was no evidence of current training.</p> <p>Review on 12/22//22 of Staff #2's personnel record revealed: -Hired date of 1/15/14 as a House Manager. -National Crisis Intervention Plus training expired 5/3/19. -There was no evidence of current training.</p> <p>Review on 12/22//22 of the Executive Director's personnel record revealed: -Hired date of 6/20/11. -National Crisis Intervention Plus training expired 5/3/19. -There was no evidence of current training.</p> <p>Interview on 12/22/22 with the Executive Director revealed: -Confirmed staff NCI Plus expired. -He would look into online training. -He would also look for providers and entities to train staff on NCI Plus.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 536		

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V 750	Continued From page 9	V 750		
V 750	<p>27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(3) Electrical, mechanical and water systems shall be maintained in operating condition.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure the water systems were maintained in operating condition. The findings are:</p> <p>Observation on 12/22/22 at 8:30 a.m. revealed: -The flooring throughout the house was updated. -The bedrooms and living room had new carpet. -The bathroom and kitchen had new tile floors.</p> <p>Interview on 12/22/22 with the Executive Director revealed: -Water started leaking in the house around the 1st week of September 2022. -Clients socks were wet after stepping on the carpet. -The carpet smelled and that was when he started making calls. -The original leak was observed on 6/6/22. -6/6/22 original leak was reported to a plumbing company that a pipe bursts under the home. -Inspection could not locate original leak so</p>	V 750		

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V 750	<p>Continued From page 10</p> <p>outside entity was contacted to come locate exact location of leak under home.</p> <p>-6/13/22 company arrived and located leak and placed masking tape at location of leak under home for plumbing company to come assess and work.</p> <p>-6/22/22 Service order to repair leaking water line under concrete slab as identified and marked with tape.</p> <p>-Service completed without requiring therapeutic leave of residents.</p> <p>-The second leak was observed on 8/12/22</p> <p>-He contacted the property owner to inform them that again, pipes under the home had burst but, in this case, the leak slowly would rise and was visible on carpet rug and also into the front and side yard.</p> <p>-8/12/22 the property owner representative came to the inspect leak.</p> <p>-He then contact plumbing service that fixed the first leak to come back, assess the situation and see if they could again accept the job.</p> <p>-The plumbing company informed him that the account was currently on hold due to non-payment of the first order, invoice dated 6/30/22.</p> <p>-He then emailed another property owner representative to inform them of the non-payment and that payment needed to be submitted before the job could continue.</p> <p>-9/2/22 the plumbing, after receiving payment came to assess the situation. Per plumbing company, the property owner was then sent a quote, but no contact was made.</p> <p>-9/17/22 all residents moved back with family.</p> <p>-9/19/22 he emailed the chief operating office of the property owner to inform of lack of response from representatives aware of an ongoing leak and non-fixture of home.</p> <p>-After phone calls with plumbing services about</p>	V 750		

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V 750	<p>Continued From page 11</p> <p>protocol needed to continue, requiring deposit, on 10/24/22, the plumbing began work and finished 11/1/22.</p> <p>-He then contacted a carpet professional.</p> <p>-Carpet professional began installing new flooring on 11/7/22 and finished 11/11/22.</p> <p>-After upholstery cleaned living room furniture, he contacted families to state conditions were livable and that they could return after the Thanksgiving Holiday dated 11/24/22.</p> <p>-The home reopened 11/28/22.</p> <p>-The water system was now off of Well water and connected to the city line.</p> <p>-Confirmed from 9/2/22 until 9/17/22 clients lived in the home during water leak and damage.</p> <p>-Emergency relocation would be reconsidered for future problems.</p>	V 750		