

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL028-013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/11/2023
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NAME OF PROVIDER OR SUPPLIER ROANOKE TRAIL FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 185 ROANOKE TRAIL MANTEO, NC 27954
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on January 11, 2023. A deficiency was 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>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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 unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JAN 26 2023</p> <p style="text-align: center;">Lic. & Cert. Section</p>	

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

Wanda Swenson Bx QP11

TITLE

Program Manager

(X6) DATE

1/23/2023

Division of Health Service Regulation

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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 reviews and interviews, the facility failed to administer medications on the written order of a physician affecting one of three audited clients (#5). The findings are:</p> <p>Review on 01/11/23 of client #5's record revealed: - 46 year old female. - Admission date of 10/01/06. - Diagnoses of Mild Intellectual Developmental Disability, Dry Eye Syndrome, Asthma, Adjustment Disorder with Mixed Anxiety, Post Traumatic Stress Disorder, Personality Disorder, Seasonal Allergies, Depression and Vitamin D deficiency.</p> <p>Review on 01/11/23 of client #5's signed physician orders dated 09/01/22 revealed: - Flonase (fluticasone-treats allergies) - 1 spray in both nostrils twice daily.</p> <p>Review on 01/11/23 of client #5's December 2022 MAR revealed: - Flonase - 1 spray in each nostril twice daily. - "OH" typed in the blocks for Flonase from 12/17/22 at 8pm until 12/22/22 at 8am. - A total of 10 doses of Flonase had been missed.</p> <p>Interview on 01/11/23 client #5 stated she</p>	V 118	Q	11	
			<p>QP reviewed with Habilitation Coordinator the procedure for obtaining medications from the pharmacy when they are out of stock in the home. If medication cannot be filled, QP or Habilitation Coordinator will contact RN to have medication ordered from the pharmacy.</p> <p>1/12/2023</p> <p>All staff will be trained in the process for obtaining medications when refills are needed.</p> <p>1/24/2023</p>		

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V 118	<p>Continued From page 2</p> <p>received her medications daily as ordered.</p> <p>Interview on 01/11/23 the Habilitation Coordinator stated:</p> <ul style="list-style-type: none"> - "OH" was used when a medication was on hold. - Client #5 administered Flonase with staff supervision. - Client #5 had used too much Flonase and ran out. - She understood there was a current order for Flonase and medications should be ordered prior to running out. <p>Interview on 01/11/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - There was some confusion as to client #5's Flonase. - If medications run out there was a local emergency pharmacy for backup. - She would follow up on the medication issue identified. 	V 118		

LIFE, Inc.
SUPERVISION LOG

Employee Name/Title: _____

Date: 01/12/23

Supervisor: _____

Duration: 15 min

SUPERVISIONS MAY BE DONE IN A ONE-TO-ONE, OR IN STAFF OR GROUP SETTINGS

Task Topics Choose all that apply

- Auditing
- Behavioral Interventions
- Confidentiality & Client Rights
- Crisis Plans
- Health & Safety Issues
- Person Centered Planning
- Referral Development
- Service Documentation
- Service Implementation
- Other:

Process Topics Choose all that apply

- Clear Instructions
- Communication
- Decision Making
- Discipline
- Planning/Prioritizing
- Positive Role Model
- Quality
- Respect & Rapport
- Time Management

Methods Choose all that apply

- Case Review
- Direct Observation
- Verbal Feedback/Discussion
- Other:

Clinical Supervision Topics Covered:

Following the proper procedure when checking medications and calling the pharmacy and backup pharmacy for refilling medications needed.

Progress toward Individual Goals:

Megan will check medications daily on a routine basis, to ensure that all medication has been given and for any medications needing to be filled, to prevent running out of that medicine.

Megan Sue HC
Employee Signature / Title

1/12/23
Date

Vakasha Winston, AP
Signature of Supervisor/Title

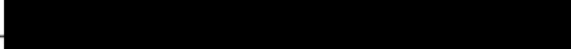
01/12/23
Date

LIFE, Inc.
STAFF INSERVICE REPORT

Date: 1/24/2023

Instructor's Printed Name: 

Time Length of Break: _____











Instructor's Signature: 

Inservice Begin Time: 10:45a

Inservice End Time: 11a

- * Topic Covered: ALL STAFF WILL CHECK MEDICATIONS DAILY TO ENSURE THERE IS AN ADEQUATE SUPPLY ON HAND TO ADMINISTER
- * Topic Covered: MEDICATIONS AS PRESCRIBED. IF THE SUPPLY BECOMES LOW, THEY WILL ALERT THE HABILITATION COORDINATOR
- * Topic Covered: OR THE QUALIFIED PROFESSIONAL IN THE ABSENCE OF THE HABILITATION COORDINATOR TO HAVE THE MEDICATION
- * Topic Covered: ORDERED FOR REFILL FROM REALO PHARMACY. IF MEDICATION NEEDS TO BE IMMEDIATELY REFILLED, THE BACK-UP
- * Topic Covered: PHARMACY WILL BE UTILIZED FOR THIS PURPOSE. AGENCY RN WILL BE NOTIFIED FOR ANY ASSISTANCE NEEDED TO
- * Topic Covered: RECEIVE MEDICATIONS.
- * Topic Covered: MEDICATIONS CAN ONLY BE PLACED "ON-HOLD" BY THE AGENCY RN.

Expiration Date: _____
 Expiration Date: _____
 Expiration Date: _____
 Expiration Date: _____
 Expiration Date: _____
 Expiration Date: _____

EMPLOYEE'S PRINTED NAME (Please print clearly)	Is this Employee a NEW HIRE?	EMPLOYEE'S SIGNATURE	FACILITY #	ARRIVAL TIME	DEPARTURE TIME	COMPONENTS	PASS/FAIL
	NO		272	1045	1100		
	No		#272	10:45	11:00		
	No		#272	10:45	11:00		
	NO		241	10:45a	11a		
	No		272	11:10			



Re: Annual Survey Completed 1/11/2023
Roanoke Trail Facility, 185 Roanoke Trail, Manteo, NC 27954
MHL# 028-013

Dear Mr. [REDACTED]

Attached is the plan of correction for the survey completed on January 11, 2023. Please advise if you need additional information.

Sincerely,

[REDACTED]
A, QPII
Program Manager

*801 Second St. • Elizabeth City, North Carolina 27909
Phone: (252) 338-3622 • Fax: (252) 338-3413*