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	MHL043-075	A. BUILDING: _____ B. WING _____	R 02/02/2023

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on February 2, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of 3 current clients.	V 000		
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 held at least quarterly and repeated on each shift. The findings are: During interview on 1/31/23 the Director of Quality	V 114		

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V 114	Continued From page 1 Management stated the facility operated with the following shifts: - Monday through Friday: 7:00 am - 3:00 pm; 3:00 pm - 11:00 pm; and 11:00 pm - 7:00 am. - Weekends: 7:00 am - 7:00 pm and 7:00 pm - 7:00 am. Reviews on 1/31/23 and 2/01/23 of the facility's fire and disaster drill records for January - December 2022 revealed: - No fire drills documented for first shift: second quarter (April - June); third quarter (July - September); fourth quarter (October - December). - No fire drill documented for second shift for the second quarter (April - June). - No fire drills documented for third shift: first quarter (January - March); second quarter (April -June); third quarter (July - September). - No disaster drill documented for first weekend shift for the second quarter (April - June). - No fire or disaster drill documented for the first weekend shift for the third quarter (July - September). - No fire drill documented for the first weekend shift for the fourth quarter (October - December). - No fire or disaster drills documented for the second weekend shift (January - December). During interview on 2/01/23 the Director of Quality Management confirmed some fire and disaster drills were not completed as required. He would ensure implementation of corrective measures.	V 114		
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 2 (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 record reviews, observations and interviews the facility (1) failed to ensure medications administered were recorded on each client's MAR immediately after administration affecting 1 of 3 audited clients (#1) and (2) failed	V 118		

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V 118	Continued From page 3 to administer medication and topical treatment as ordered by the physician for 1 of 3 audited clients (#5). The findings are: Finding #1 Reviews on 1/31/23 and 2/01/23 of client #1's record revealed: - 44 year old male admitted 12/15/09. - Diagnoses included Autism Spectrum Disorder, Intellectual/Developmental Disability, profound; seizure disorder; and hypothyroidism. - Physician's orders signed 10/18/22 and 11/07/22 for chlorpromazine (anti-psychotic) 100 mg (milligrams) 1 tablet twice daily and 3 tablets at bedtime. Review on 2/01/23 at 11:40 am of client #1's MARs for November 2022 - February 2023 revealed: - Transcription for chlorpromazine to be administered at 7:00 am, 12:00 pm, and 9:30 pm. - No documentation chlorpromazine was administered at 7:00 am on 2/01/23. - No documentation chlorpromazine was administered at 12:00 pm on 1/08/23, 1/14/23 - 1/16/23, 1/21/23 - 1/22/23, 1/28/23 - 1/29/23. - No documented explanation for the blanks. Observation on 1/31/23 of client #1's medications on hand revealed chlorpromazine 100 mg 1 tablet twice daily and 3 tablets at bedtime. Client #1 was non-verbal and unable to respond to questions regarding his medications. Finding #2 Reviews on 1/31/23 and 2/01/23 of client #5's record revealed: - 30 year old male admitted 2/09/21. - Diagnoses included Autism;	V 118		

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V 118	Continued From page 4 Intellectual/Developmental Disability, severe; diabetes; gastroesophageal reflux disease; and colitis. - Physician's order signed 12/9/22 for ketoconazole 2% shampoo (anti-fungal) apply to affected area, lather, leave in for 5 minutes and rinse once weekly. - Physician's order signed 1/04/23 for psyllium fiber supplements (laxative) daily. Review on 2/01/23 of client #5's MARs November 2022 - February 2023 revealed: - Transcription for ketoconazole shampoo to be administered once weekly. - Ketoconazole shampoo was applied twice weekly in January. - Ketoconazole shampoo was applied three times during the week of 12/11/22 - 12/17/22; and twice weekly during the week of 12/25/22 - 12/31/22. - No transcription for psyllium fiber supplements; no documentation the supplements were administered as ordered by the physician January - February 2023. Client #5 was non-verbal and unable to respond to questions regarding his medications. During interview on 2/02/23 staff #2 stated she worked the over-night shift and administered medications in the morning; medications were always available. She thought medication changes and new medications were written on the MAR by the nurse. During interviews on 1/31/23 and 2/01/23 the Director of Quality Management stated - Client #1 attended the Licensee's day program Monday - Friday and took his 12:00 pm chlorpromazine at the day program; a separate MAR was maintained at the day program to	V 118		

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V 118	Continued From page 5 document administration of his chlorpromazine. - He was aware of some of the issues with the MARs and would ensure measures to correct the issues were implemented. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency has been cited 3 times since the original cite on 12/16/21 and must be corrected within 30 days.	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.	V 291		

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V 291	Continued From page 6 (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure coordination between the facility operator and the professionals who are responsible for the client's treatment affecting 1 of 3 audited clients (#5). The findings are: Reviews on 1/31/23 and 2/01/23 of client #5's record revealed: - 30 year old male admitted 2/09/21. - Diagnoses included Autism; Intellectual/Developmental Disability, severe; diabetes; gastroesophageal reflux disease; and colitis. - Physician's order signed 11/07/22 to check fasting blood glucose level daily. - Medication Administration Record (MAR) for January 2023 included transcriptions for Accu-Chek guide strips and Accu-Chek Fastclix Lancets "use to check fasting blood glucose once daily every morning" and blood pressure checks daily at 7:00 am. - No documented instructions from the Physician regarding actions staff should take if client #5's blood sugar readings are high or low. - Staff initials documented blood glucose checks and blood pressure checks completed daily, but no documented readings of the blood glucose checks or the blood pressure checks. - Inaccurate January 2023 calendars included	V 291		

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V 291	Continued From page 7 "Check Blood sugar daily" and "Check Blood Pressure daily" with weeks as follows: first week Sunday 1/02 - Saturday 1/07; second week Sunday 1/02 - 1/08; third week Sunday 1/09 - Saturday 1/15; fourth week Sunday 1/16 - Saturday 1/22; fifth week Sunday 1/23 - Saturday 1/29; and Sunday 1/30 - Monday 1/31. - Fasting blood glucose levels and blood pressure readings documented 8 times in January. During interview on 2/01/23 the Director of Quality Management stated staff did not consistently document client #5's fasting blood glucose readings or his blood pressure readings. There were no documented instructions or guidelines from the Physician regarding actions for staff to take if client #5's blood glucose was not within normal limits. He understood the requirement for coordination of care with the Physician.	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interview the facility was not maintained in a safe, clean, and attractive manner. The findings are: Observations on 1/31/23 between 10:35 am and	V 736		

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V 736	Continued From page 8 11:15 am revealed: - White powder and white residue on the floors around the perimeter of the living room and the family room. - The living room: surfaces had a heavy coating of dust; the love seat had stains on the seat cushions and an approximately 1 inch brown stain on the arm rest; a glider rocker in the corner was missing an arm rest. - The family room: the air register grate in the ceiling was loose on one corner; a broken shelf on one wall; dead insects and dust on the window sill. - Dark stains in the bottom of the kitchen sink. - The ladies bathroom: the shower curtain rod was rusty; 1 of 4 light bulbs over the sink did not work; the floor of the bathtub had gray discoloration; heavy rust stains beneath the tub grab bar and the shower head. - The men's shower curtain rod was rusty. - Client #1's bedroom: heavy dust build up on the edges of the ceiling fan blades; the chest of drawers was missing 3 drawer pulls; the window sill had dark discoloration. - Client #2's bedroom: the chest of drawers was missing 5 drawer pulls and 1 drawer pull was hanging loosely; the curtain rod was bent. - Client #3's bedroom: heavy dust build up on the edges of the ceiling fan blades; the lamp shade and window sill were dusty. - Client #4's bedroom: the ceiling fan light did not work and the bedside lamp was not plugged in, the outlet closest to the lamp was blocked by the bed; the dresser was missing 4 drawer pulls and the bedside table was missing 1 drawer pull. - Dark stains in the bottom of the kitchen sink. - Baseboards throughout the facility had black matter/staining on the top edge.. - Dead insects and organic matter on the floor by the back bedroom hallway door.	V 736		

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V 736	Continued From page 9 - A section of the wooden privacy fence in the backyard was damaged; several sections of the wooden privacy fence were propped up with 2 x 4 boards. During interview on 1/31/23 the Director of Quality Management stated: - The white powder on the floor was placed by the exterminator to eradicate roaches; it had been on the floor for approximately 3 months; he would contact the exterminator to see if it could be cleaned up; none of the clients had pica behaviors so there was no danger any of the clients would ingest the powder. - He acknowledged the presence of dust throughout the facility.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain water temperatures between 100 and 116 degrees Fahrenheit in areas where clients are exposed to hot water. The findings are: Observations on 1/31/23 at 10:45 am and 11:10	V 752		

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V 752	Continued From page 10 am revealed the hot water temperature in the ladies bathtub was 88 degrees Fahrenheit. During interviews on 1/31/23 and 2/01/23 the Director of Quality Management stated he would contact the property owner to have the bathtub plumbing checked; he understood the requirement for water temperatures to be between 100 and 116 degrees Fahrenheit. The ladies could bathe in the men's bathroom until the issue was resolved.	V 752		