STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032371	A. BUILDING: _____ B. WING _____	R 02/13/2023

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ROSE'S CASTLE RESIDENTIAL SERVICES INC	505 COOK ROAD DURHAM, NC 27713

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V 000	INITIAL COMMENTS An annual and follow-up survey was completed on February 13, 2023. 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 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interview, the facility failed to have an updated Person Centered Plan with written consent or agreement by the client's responsible party, or a written statement by the provider stating why such consent could not be obtained affecting two of three clients reviewed (#1, #2). The findings are:

Review on 2/13/23 of client #1's record revealed:
-Admission date of 8/17/06.
-Diagnoses of Essential Hypertension; Parkinson's Disease; Chronic Kidney Disease; Chronic Schizoaffective Disorder; Vitamin D Deficiency.
-Client #1 had a legal guardian assigned to him.
-Client #1's Person Centered Plan had no written consent or agreement by the responsible party or a written statement by the provider stating why such consent could not be obtained.

Review on 2/13/23 of client #2's record revealed:
-Admission date of 7/16/13.
-Diagnoses of Borderline Intellectual Functioning; Severe Acne; Pervasive Developmental Disorder; Recurrent Enuresis; Schizoaffective Disorder: Intermittent Explosive Disorder; Exercise Induced Asthma; Attention Deficit Disorder.
-Client #2 had a legal guardian assigned to him.
-Client #2's Person Centered Plan had no written consent or agreement by the responsible party or a written statement by the provider stating why

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V 112	Continued From page 2 such consent could not be obtained. Interview on 2/13/23 with the Qualified Professional revealed: -She was responsible for completing the Person Centered Plans. -She was in the process of updating the plans. -She confirmed that the Person Centered Plans for clients #1 and #2 were not updated yet. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
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 interviews the facility failed to ensure that and fire drills and a disaster drills was completed at least quarterly on each shift. The findings are:	V 114		

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V 114	Continued From page 3 Review on 2/13/23 of the facility's fire drills log book revealed: -There were no fire drills conducted for 2nd shift for the 1st quarter of 2022. -There were no fire drills conducted for 1st and 2nd shift for the 2nd quarter of 2022. -There were no fire drills conducted for 2nd shift fore the 3rd quarter of 2022. -There were no fire drills conducted for 1st and 2nd shift for the 4th quarter of 2022. Review on 2/13/23 of the facility's disaster drills log book revealed: -There were no disaster drills conducted for 2nd shift for the 1st quarter of 2022. -There were no disaster drills conducted for 1st and 2nd shift for the 2nd quarter of 2022. -There were no disaster drills conducted for 2nd shift fore the 3rd quarter of 2022. -There were no disaster drills conducted for 1st and 2nd shift for the 4th quarter of 2022. Interview on 2/13/23 with the Qualified Professional revealed: -Facility operated under two shifts. -First shift was from 8:00 AM to 5:00 PM. Second shift was from 5:00 PM to 8:00 AM. -Staff were still confused on how often the fire and disaster drills had to be conducted. -She would review state's rule regarding fire and disaster drills with house staff. -She confirmed staff failed to conduct drills under conditions that simulate fire emergencies under each shift on each quarter. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		

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V 118	Continued From page 4	V 118		
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. This Rule is not met as evidenced by:	V 118		

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V 118	Continued From page 5 Based on records review, observations, and interview the facility failed to: A) Have physician orders for administered medications affecting two of three audited clients (#1 and #3); and B) Ensure the medication administration record (MAR) was current for one of three audited clients (#1). The findings are Review on 2/13/23 of Client #1's record revealed: -Admission date of 8/17/06. -Diagnoses of Essential Hypertension; Parkinson's Disease; Chronic Kidney Disease; Chronic Schizoaffective Disorder; Vitamin D Deficiency. Review on 2/13/23 of client #1's physician's orders dated 6/22/22 revealed: -Losartan 25 milligram (mg,) one tablet a day. -Vitamin D3 2000 iu, one tablet a day. -Carbidopa/Levodopa 10-100 milligrams (mg,) one tablet three times a day. -Divalproex Sodium 500 mg, one tablet two times a day. -Fluvoxamine Maleate 50 mg, take 50 mg at bedtime. -Risperidone 4 mg, one tablet at bedtime. -Trazodone 50 mg, one to two tablets at bedtime. -There were no orders for Latanoprost 0.005% eye Solution, place one drop to both eyes nighty -There were no orders for Fluvoxamine Maleate 50 mg, take four tablets at bedtime. Observation on 2/13/23 at 12:20 pm of Client #1's medications revealed: -All medications were available. Review on 2/13/23 of client #1's Medication Administration Record (MAR) for the months of December 2022 through February 13, 2023 revealed blanks on the following dates:	V 118		

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V 118	Continued From page 6 January 2023: -Losartan 25 mg, 1/16-1/31 @ 8 am. -Vitamin D3 2000 iu, 1/15-1/31 @ 8 am. -Carbidopa/Levodopa 10-100 mg, 1/15-1/31 @ 8 am, 2 pm, 8 pm. -Divalproex Sodium 500 mg, 1/15-1/31 @8 am, 8 pm. -Fluvoxamine Maleate 50 mg, 1/16/1/31@ 8 pm. -Latanoprost 0.005% eye Solution, 1/16-1/31 @ 8 pm. -Risperidone 4 mg, 1/15-1/31 @ 8 pm. -Trazodone 50 mg, 1/15-1/31 @ 8 pm. Review on 2/13/23 of client #3's record revealed: -Admission date of 12/21/06. -Diagnoses of Hypertension; Diabetes Mellitus Type II; Schizoaffective Disorder; Gastroesophageal Reflux; Hyperlipidemia; Right Hip Osteoarthritis; Dyslipidemia; Renal Mass. Review on 2/13/23 of client #3's physician's orders revealed: -There were no orders for Tamsulosin 0.4 mg, one capsule a day. Observation on 2/13/23 at 12:35 pm of client #3's medications revealed: -Tamsulosin 0.4 mg was available. Review on 2/13/23 of client #3's MAR for the months of December 2022 through February 13, 2023 revealed: -Client #3 was administered Tamsulosin 0.4 mg daily from December 2022 through February 13, 2023. Interview on 8/23/22 with the Qualified Professional revealed: -She was not aware that some of the client's medication orders were not on file.	V 118		

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V 118	Continued From page 7 -Client #1 saw a different eye doctor and his scripts for the eye drops had been sent directly from their office to the pharmacist. -Staff at the home were responsible for making sure they completed the MAR accordingly. -She was aware that there were blanks on client #1's MAR. -She had written a post-it note and had placed it on his MAR, but failed to review the MAR with the staff. -Staff reported they did not know or remember why the blanks were on client #1's January MAR. -She confirmed there were blanks on client #1's January MAR. -She confirmed the facility failed to keep the MAR current. -She acknowledged the facility failed to have a copy of the scripts for all the clients. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121		

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V 121	Continued From page 8	V 121		

This Rule is not met as evidenced by:
Based on record reviews and interview, the facility failed to obtain drug reviews every six months for three of three clients (#1, #2 and #3) who received psychotropic drugs. The findings are:

Review on 2/13/23 of client #1's record revealed:
-Admission date of 8/17/06.
-Diagnoses of Essential Hypertension; Parkinson's Disease; Chronic Kidney Disease; Chronic Schizoaffective Disorder; Vitamin D Deficiency.
-Client #1 had a psychotropic drug review completed on 10/22/21.
-There was no evidence of a current six month psychotropic drug review for client #1.

Review on 2/13/23 of client #1's physician's orders dated 6/22/22 revealed:
-Carbidopa/Levodopa 10-100 milligrams (mg,) one tablet three times a day.
-Divalproex Sodium 500 mg, one tablet two times a day.
-Fluvoxamine Maleate 50 mg, take 50 mg at bedtime.
-Risperidone 4 mg, one tablet at bedtime.
-Trazodone 50 mg, one to two tablets at bedtime.

Review on 2/13/23 of client #1's Medication Administration Record (MAR) for the months of December 2022 through February 13, 2023 revealed:
-Client #1 was administered the above medications from December 2022 through February 13, 2023.

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V 121	Continued From page 9 Review on 2/13/23 of client #2's record revealed: -Admission date of 7/16/13. -Diagnoses of Borderline Intellectual Functioning; Severe Acne; Pervasive Developmental Disorder; Recurrent Enuresis; Schizoaffective Disorder: Intermittent Explosive Disorder; Exercise Induced Asthma; Attention Deficit Disorder. -Client #2 had a psychotropic drug review completed on 10/22/21. -There was no evidence of a current six month psychotropic drug review for client #2. Review on 2/13/23 of client #2's physician's orders dated 2/6/23 revealed: -Lorazepam 0.5 mg, one tablet in the morning, two tablets at noon, two tablets at 4 pm and 1 tablet at bedtime. -Amantadine 100 mg, one capsule in the morning, 1 capsule at noon and one capsule in the evening with meal. -Lithium Carbonate 300 mg, 1 capsule in the morning and 2 capsules nighty. -Clozapine 100 mg, three tablets in evenings with meal and four at bedtime. -Divalproex Sodium 250 mg, three tablets at bedtime. Review on 2/13/23 of client #2's MAR for the months of December 2022 through February 13, 2023 revealed: -Client #2 was administered the above medications from December 2022 through February 13, 2023. Review on 2/13/23 of client #3's record revealed: -Admission date of 12/21/06. -Diagnoses of Hypertension; Diabetes Mellitus Type II; Schizoaffective Disorder; Gastroesophageal Reflux; Hyperlipidemia; Right	V 121		

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V 121	Continued From page 10 Hip Osteoarthritis; Dyslipidemia; Renal Mass. -Client #3 had a psychotropic drug review completed on 10/22/21. -There was no evidence of a current six month psychotropic drug review for client #3. Review on 2/13/23 of client #3's physician's orders dated 2/6/23 revealed: -Bupropion 150 mg, one tablet daily. -Divalproex Sodium 250 mg, three tablets at bedtime. -Hydroxyzine 25 mg, four tablets at bedtime. -Trazodone 50 mg, one tablet at bedtime. -Lorazepam 1 mg, one tablet twice a day as needed. Review on 2/13/23 of client #3's MAR for the months of December 2022 through February 13, 2023 revealed: -Client #3 was administered the above medications from December 2022 through February 13, 2023. Interview on 2/13/23 with the Qualified Professional revealed: -She thought the client's medication reviews had been completed. -She was not aware that the medication reviews for psychotropic medications had not been completed since 2021. -She would have the pharmacist review the client's psychotropic medications. -She confirmed the six months psychotropic drug review for the clients were not completed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 121		