

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-559</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EAGLE HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5800 BRAMBLETON AVENUE RALEIGH, NC 27610</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on February 15, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 113	<p><b>27G .0206 Client Records</b></p> <p><b>10A NCAC 27G .0206 CLIENT RECORDS</b></p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> <li>(A) name (last, first, middle, maiden);</li> <li>(B) client record number;</li> <li>(C) date of birth;</li> <li>(D) race, gender and marital status;</li> <li>(E) admission date;</li> <li>(F) discharge date;</li> </ul> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p>	V 113		

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

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V 113	<p>Continued From page 1</p> <p>(7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure client records were maintained for 2 of 3 audited clients (#5 &amp; #6). The findings are:</p> <p>A. Record review on 2/14/23 of client #5's record revealed: - admitted 9/24/2008 - no treatment plan</p> <p>B. Record review on 2/14/23 of client #6's record revealed: - a date listed on a facility's form labeled attendance with a handwritten date of 5/14/21 - an identification sheet with a 2020 admission date - diagnoses of : Autism &amp; Mild Intellectual Developmental Disability, Unspecified Disorder</p>	V 113		

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V 113	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- no treatment plan</li> <li>- no admission assessment</li> </ul> <p>During interview on 2/14/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- client #6 was admitted in 2021</li> <li>- he was transferred from a sister facility</li> <li>- if the treatment plans were not in the clients' records, there was not a current treatment plan</li> <li>- staff documented on grid sheets toward the clients' goals</li> </ul> <p>During interview on 2/15/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- both clients' treatment plans should have been at the facility</li> <li>- had a copy of client #5's treatment plan saved on her laptop</li> <li>- was not able to locate client #6's treatment plan</li> <li>- client #6 was transferred from a sister facility after change of ownership</li> <li>- would update client #6's identification sheet to reflect when he was admitted to the facility</li> </ul>	V 113		
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,</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>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:</p> <p>(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.</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 review and interview the facility failed to ensure medications were administered to 1 of 3 audited clients (#6) on the written order of a physician. The findings are:</p> <p>Record review on 2/14/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- a date listed on a facility's form labeled attendance with a handwritten date of 5/14/21</li> <li>- an identification sheet with a 2020 admission date</li> <li>- diagnoses of : Autism &amp; Mild Intellectual Developmental Disability</li> <li>- a physician's order dated: 2/21/20 &amp; 8/15/22 - Quetiapine 500 milligrams (mg) twice a day</li> </ul>	V 118		

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V 118	<p>Continued From page 4 (Schizophrenia)</p> <p>Observation on 2/14/23 at 1:12pm revealed:</p> <ul style="list-style-type: none"> <li>- Quetiapine medication label: 300mg twice a day dispensed 1/18/23</li> </ul> <p>Review on 2/14/23 of client #6's December 2022, January 2023 &amp; February 2023 MARs revealed:</p> <ul style="list-style-type: none"> <li>- 500mg twice a day</li> </ul> <p>During interview on 2/14/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- the Quetiapine was recently changed to 300mg</li> <li>- she was not able to locate the 300mg physician order</li> <li>- she transcribed the February MAR in error</li> </ul> <p>During interview on 2/15/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- she reviewed MARs for medication errors at least once - twice a month</li> <li>- she was not aware of any medication errors</li> <li>- needed to follow up on the Quetiapine physician's order</li> </ul>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name,</p>	V 119		

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V 119	<p>Continued From page 5</p> <p>medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Record review on 2/14/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 10/10/2023</li> <li>- Diagnoses of Mild Intellectual Developmental Disability (IDD), Hyperlipidemia, and Hypertension</li> <li>- FL2 dated 9/6/22 with the following orders:</li> <li>- Vitamin D3 (supplement) 1000 international unit (IU) 1 tablet (tab) by mouth (PO) every day (QD)</li> <li>- Vitamin B12 (supplement) 1000 microgram (mcg) 1 tab PO QD</li> </ul>	V 119		

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V 119	<p>Continued From page 6</p> <p>A. An observation at 1:58pm on 2/14/23 of client #1's medication bottle label revealed:</p> <ul style="list-style-type: none"> <li>- Vitamin D3 (supplement) 1000 international unit (IU) 1 tablet (tab) by mouth (PO) every day (QD)</li> <li>- "Filled: 12/2/21" crossed out and 12/13/22 handwritten on medication bottle label</li> <li>- "Discard after 12/2/22"</li> </ul> <p>B. An observation at 2:02pm on 2/14/23 of client #1's medication bottle revealed:</p> <ul style="list-style-type: none"> <li>- Vitamin B12 (supplement) 1000 microgram (mcg) 1 tab PO QD</li> <li>- Filled date crossed out and "12/14/22" handwritten on medication bottle label</li> <li>- "Discard after 8/14/22"</li> </ul> <p>A record review on 2/14/23 of client #1's December 2022, January 2023, and February 2023 MARs revealed:</p> <ul style="list-style-type: none"> <li>- Both medications were given daily after expiration date</li> </ul> <p>Attempted interview on 2/14/23 with client #1 but client was nonverbal</p> <p>During interview on 2/14/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- The pharmacy checked the medications for expired medications</li> <li>- Pharmacy must have wrote the date "12/14/22" on the medication bottle label</li> <li>- Was not aware the medication was expired</li> <li>- She was responsible for checking expired medications at the facility</li> </ul> <p>During interview on 2/15/23 Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- She was responsible for checking client medication bins for expired medications</li> </ul>	V 119		

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V 119	Continued From page 7  - Was not aware client #1's medication had expired - Expired medications should be returned back to the pharmacy	V 119		
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.  This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 audited clients (#6) had drug regimen reviews at least every 6 months. The findings are:  Record review on 2/14/23 of client #6's record revealed: - a date listed on a facility's form labeled attendance with a handwritten date of 5/14/21 - diagnoses of : Autism & Mild Intellectual Developmental Disability - a physician's order dated: 2/21/20 -	V 121		



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V 121	Continued From page 8  Quetiapine 500 milligrams (mg) twice a day (Schizophrenia)  During interview on 2/14/23 staff #1 reported: - client #6's medications were sent to the facility from an out of town pharmacy - the pharmacy do not complete drug regimen reviews  During interview on 2/15/23 the Qualified Professional reported: - she would request client #6's psychiatrist to complete the 6 month drug regimen reviews	V 121		
V 513	27E .0101 Client Rights - Least Restrictive Alternative  10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people	V 513		

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V 513	<p>Continued From page 9</p> <p>trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to provide services and supports that promoted a safe, respectful, and least restrictive environment affecting 6 of 6 (#1-#6) clients. The findings are:</p> <p>Record review of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 10/10/2023</li> <li>- Diagnoses of Mild Intellectual Developmental Disability (IDD), Hyperlipidemia, and Hypertension</li> </ul> <p>Record review of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 9/24/2008</li> <li>- Diagnoses of Mild IDD, Autism, Depression, and Hyperpigmentation</li> </ul> <p>Record review of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 5/14/2021</li> <li>- Diagnoses of Autism, Mild IDD, and Unspecified Disorder</li> </ul> <p>An observation at 1:43pm on 2/10/23 and 3:10pm on 2/14/23 of the facility's hallway revealed:</p> <ul style="list-style-type: none"> <li>- A locked pantry door</li> <li>- Pantry was located near staff's bedroom</li> </ul> <p>During interview on 2/10/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Clients would go in pantry at night to get food</li> <li>- Lock was placed on the pantry door to prevent clients from getting food</li> <li>- Clients #1, #2, &amp; #3 had diabetes</li> <li>- "Must monitor what they eat"</li> </ul>	V 513		

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V 513	<p>Continued From page 10</p> <p>During interview on 2/14/23 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- Asked maintenance to put a lock on pantry</li> <li>- Clients stole from the pantry at night</li> <li>- The client ate raw tomatoes out of the pantry</li> <li>- Did not want clients to get sick from eating raw food</li> <li>- Could not identify which client stole the food</li> </ul> <p>During interview on 2/15/23 Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Did not see a lock on pantry door during walk throughs of the facility</li> <li>- Would visit facility at least 1 to 2 times a month</li> <li>- Clients had an issue with eating food in pantry</li> <li>- Issue was only at night, not during the day</li> <li>- lock should only be on the pantry during the night</li> </ul>	V 513		
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <ol style="list-style-type: none"> <li>(1) opportunity for a shower or tub bath daily, or more often as needed;</li> <li>(2) opportunity to shave at least daily;</li> <li>(3) opportunity to obtain the services of a barber or a beautician; and</li> <li>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are</li> </ol>	V 540		

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V 540	<p>Continued From page 11</p> <p>not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interviews the facility failed to ensure adequate toiletries were provided for humane care affecting 1 of 3 audited clients (#6). The findings are:</p> <p>Review on 2/14/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 5/14/2021</li> <li>- Diagnoses of Autism, Mild Intellectual Developmental Disorder, and Unspecified Disorder</li> </ul> <p>An observation at 1:56pm on 2/10/23 in bathroom #2 revealed:</p> <ul style="list-style-type: none"> <li>- No toilet tissue roll</li> <li>- No soap</li> </ul> <p>Attempted interview on 2/15/23 with client #6 but client was nonverbal</p> <p>During interview on 2/10/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Toilet tissue was given to clients #1-#5 to keep in their rooms</li> <li>- Staff rolled off some toilet tissue for client #6 when he used the bathroom</li> <li>- Client #6 was nonverbal</li> <li>- Client #6 would have a behavior when staff assisted him in bathroom</li> <li>- Client #6 would eat the soap that was left in</li> </ul>	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-559</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EAGLE HOME III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5800 BRAMBLETON AVENUE RALEIGH, NC 27610</b>
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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
V 540	<p>Continued From page 12</p> <p>the bathroom</p> <p>During interview on 2/14/23 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- Client #6 would fill the commode with tissue and stop it up</li> </ul> <p>During interview on 2/15/23 Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Client #6 would stop up toilet with toilet paper</li> <li>- Staff removed toilet tissue from bathroom</li> <li>- Clients #1- #5 would keep toilet tissue in their rooms</li> <li>- Staff gave client #6 toilet tissue as needed</li> <li>- Staff monitored client #6 while in bathroom</li> <li>- Client #6 liked to ingest soap</li> </ul>	V 540		