

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL015-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/02/2023
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NAME OF PROVIDER OR SUPPLIER
WICKHAM ROAD FACILITY

STREET ADDRESS, CITY, STATE, ZIP CODE
**258 WICKHAM ROAD
SHILOH, NC 27974**

(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	INITIAL COMMENTS An annual 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 Disability. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 119	27G .0209 (D) Medication Requirements 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, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (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. (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	V 119	DHSR - Mental Health MAR 6 2023 Lic. & Cert. Section	

Division of Health Service Regulation

OPERATOR REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Program Manager

3/2/2023

6899

HCQW11

If continuation sheet 1 of 8

Division of Health Service Regulation

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V 119	<p>Continued From page 1</p> <p>calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to dispose of a medication in a manner that guards against diversion or accidental ingestion for 1 of 3 current clients (#4). The findings are:</p> <p>Record review on 1/31/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/28/11 - diagnoses of Major Depressive Disorder, Impulse Disorder, unspecified, Moderate Intellectual Disability, Attention-Deficit Hyperactivity Disorder, combined type; Epilepsy & Cerebral Palsy. - a physician order dated 9/1/22 Lorazepam 1mg (milligrams) twice a day as needed (anxiety) <p>Observation on 2/1/23 at 10:15am of client #4's medication bin revealed:</p> <ul style="list-style-type: none"> - medication label for Lorazepam: discard after 1/7/23 - a pill administered on 1/14/23 at 1:13pm & 1/31/23 at 5:15pm <p>During interview on 2/1/23 the Habilitation Coordinator reported:</p> <ul style="list-style-type: none"> - responsible for the disposal of expired medications - looked at the clients' medication bins last week for expired medications - overlooked client #4's Lorazepam - control medications were returned back to the 	V 119	<p>To be in compliance with rules, Life, Inc. will employ the following:</p> <p>#1 Outdated medication was returned to the pharmacy for disposal on 2/8/2023.</p> <p>Review conducted with the Habilitation Coordinator and Qualified Professional on disposing outdated medications.</p> <p>Habilitation Coordinator will complete the monthly medication closet audit to identify presence of any outdated medications requiring disposal and will return those medications to the pharmacy as needed.</p>	<p>2/8/2023</p> <p>3/2/2023</p>

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V 119	Continued From page 2 pharmacy During interview on 2/1/22 the Program Manager reported: - the Habilitation Coordinator was responsible for disposal of expired medications - a control medication form was completed & the medication was returned back to the pharmacy	V 119		
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. (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	V 291		

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V 291	<p>Continued From page 3</p> <p>inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other professionals who are responsible for the treatment for 1 of 3 audited clients (#3). The findings are:</p> <p>Record review on 1/31/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 6/24/15 - diagnoses of: Major Depression Disorder, Adjustment Disorder and Moderate Intellectual Disorder - a FL2 dated 11/2/22 - Medroxyprogesterone 150mg (milligrams) give intramuscular quarterly - last Medroxyprogesterone injection was October 2022 (birth control) <p>Review on 2/1/23 of client #3's January 2023 Medication Administration Record revealed:</p> <ul style="list-style-type: none"> - no documentation of the Medroxyprogesterone injection <p>During interview on 2/1/23 the Habilitation Coordinator reported:</p> <ul style="list-style-type: none"> - client #3 received the Medroxyprogesterone injection on 1/25/23 at the physician's office - the nurse forgot to document the injection <p>During interview on 2/1/23 the Program Coordinator reported:</p> <ul style="list-style-type: none"> - the Qualified Professional & Habilitation Coordinator reviewed Therap on a daily basis for medication errors - the Medroxyprogesterone injection was not 	V 291	<p>#2 Agency RN identified administering identified medication on monthly clinic note and Medication Administration Record.</p> <p>Medication will be scheduled on the Medication Administration Record as prescribed by the RN. Habilitation Coordinator and Qualified Professional will utilize the Due Medication Report on Therap to identify when medications that are due have not been properly documented for administration.</p>	2/1/2023

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V 291	Continued From page 4 flagged in Therap that it was due - she would follow up with the nurse to see how the Medroxyprogesterone injection could be flagged	V 291		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility was not maintain in a safe manner. The findings are:</p> <p>Record review on 1/31/23 of client #6's record revealed: - admitted 12/1/22 - diagnoses of: Obsessive Compulsive Disorder, Post Traumatic Stress Disorder & Mild Intellectual Developmental Disability</p> <p>Observation & interview with the Habilitation Coordinator on 1/31/23 at 1:21pm of client #6's bedroom window revealed: - a black metal L-shape bracket screwed into the side of the window frame - the Habilitation Coordinator called it a "window stopper" - the window opened approximately a foot</p>	V 736	<p>#3 Window stopper was removed from the individual's bedroom on 1/31/23 by the Habilitation Coordinator.</p> <p>Work order was submitted to have all stoppers removed from the windows by agency maintenance personnel. The stoppers were removed from the windows and the home.</p> <p>All windows will be fully opened during monthly Safety Inspections documented on FidAnalysis by Habilitation Coordinator.</p>	<p>1/31/2023</p> <p>2/15/2023</p>

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V 736	<p>Continued From page 5</p> <p>Observation on 1/31/23 at 2:19pm revealed:</p> <ul style="list-style-type: none"> - a screwdriver & the window stopper from client #6's bedroom window on the kitchen table <p>During interview on 1/31/23 client #6 reported:</p> <ul style="list-style-type: none"> - had not attempted to open the bedroom window - was not aware the window stopper was in the window <p>During interview on 1/31/23 the Habilitation Coordinator reported:</p> <ul style="list-style-type: none"> - was the first time she saw the window stopper in client #6's bedroom window - she was unsure of how long the window stopper had been in the window - during fire drills the clients lifted their bedroom windows, however, she did not observe how far the window was lifted - she removed the window stopper from client #6's bedroom window today (1/31/23) <p>During interview on 2/1/23 the Program Manager reported:</p> <ul style="list-style-type: none"> - she was not aware client #6's bedroom window did not open fully - was not sure how long the window stopper had been in client #6's bedroom window - Department of Housing & Urban Development (HUD) inspections were done (could not give a date) & the window stopper was missed - staff and clients tested windows monthly for egress and it was missed <p>Review on 2/1/23 of the Plan of Protection dated 2/1/23 written by the Habilitation Coordinator revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care?" 	V 736		

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V 736	<p>Continued From page 6</p> <p>Habilitation Coordinator immediately removed the window block on 1/31/23.</p> <p>- Describe your plans to make sure the above happens? To make sure all windows are clear and able to be opened in case of an emergency monthly. Habilitation Coordinator and staff will make sure this is done."</p> <p>Client #6 was admitted December 2022 with diagnoses of Obsessive Compulsive Disorder, Post Traumatic Stress Disorder & Mild Intellectual Developmental Disorder. Client #6's bedroom window would only lift approximately a foot which prevented egress from the bedroom window. A black metal L-shape bracket was screwed into the side of the window frame. The Habilitation Coordinator & the Program Manager were unaware the window stopper was in the bedroom window. They were also unsure how long the window stopper had been there. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</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>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116</p>	V 752		

Monthly Medication Room/Closet Audit

Item	Yes	No	N/A
1. There is adequate security of drugs. All drugs are locked in a cabinet, cart, closet.			
2. The person responsible for medication administration has keys in his/her possession.			
3. Any drugs stored in the refrigerator are in a locked container.			
4. Medications that require refrigeration are refrigerated and stored at appropriate temperatures. (Approximately 36-46F)			
5. All medications taken internally are stored separately from drugs taken externally.			
6. Stock (bulk) medications are stored separately from regularly administered meds.			
7. Toxic chemicals are locked and stored separately from nourishments and medications.			
8. If needles are used they are not recapped after use and are discarded in a puncture proof, leak proof container.			
9. Check medication labels. Pharmacy labels are easily read and clean.			
10. Check expiration dates. All meds in date as noted pharmacy label.			
11. All discontinued meds are disposed of or returned to pharmacy according to policy.			
12. There is general cleanliness and orderliness of medication area. All bottles, utensils, pill cutters, etc are cleaned after each use and stored clean.			
13. All medications are in labeled containers. There are no unauthorized drug samples present.			
14. Floor stock is stored separately, labeled, organized (internal separate from external) and reasonable quantities on hand.			
15. Medication closet contains only items related to med administration. Items necessary for drug administration are available (pen, paper, gloves, straws, medical supplies,			
16. Medical equipment is stored clean and organized (gauze, gloves, glucose monitors, specimen collection supplies, etc.)			
18. Nourishments used with meds are clean and in date.			
19. Hand washing facilities with soap/towels are available or an antiseptic cleaner is in the immediate area.			
20. There is a current written order for every medication on hand, including PRN's. Orders are signed by the physician.			
21. Instructions on the MAR match the medication label.			
22. There is a current MAR for every client. All meds are charted to date and time. Initials are identified. All allergies are noted.			
23. There is a control drug count sheet for all controlled drugs. The count is correct and validated by policy.			
24. There is a medication disposal sheet.			
25. Medication is stored separate for each consumer.			
26. Allergic reaction drug sheet available.			
27. Nurse and Poison control contact number posted.			


Comments: _____

Signature of Reviewer: _____ Date: _____



Facilities
window
Work Order Request - Routine

30991
30991
30991

	Wickham -General DDA	Reported 1 Feb 2023 Printed 2 Mar 2023 12:01:22pm Closed 15 Feb 2023	
Budget #:MHL-015-044			
Priority: DDA	Estimated: 0	Reviewed: No	Status: 2-Closed
Classification:	Other		
Procedure or Request Details			
remove/move window stoppers so that all windows in home will open enough for one to get out of it			

From: Please Do Not Reply To This Email <NoReply@eWorkOrders.com>
Sent: Wednesday, February 15, 2023 1:43 PM
To: [REDACTED]

Subject: WO#30991 Closed: window (DDA)

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Blue Category



Facilities

Work Order #: 30991

Work Order Update Notification

Your following work request was closed out:

Title: window
Type: Work Order Request - Routine
Contact: [REDACTED]
Phone: [REDACTED]
Email: [REDACTED]
Area: Wickham
Priority: DDA
Region: DDA
Reported: 2/1/2023 11:31:00 AM

Procedure or Request Details:

remove/move window stoppers so that all windows in home will open enough for one to get out of it

Feedback Notes:

[REDACTED]

k
d

23 11:45:13
on 2/1/2023

11:45:13 AM. removed all window brackets above lower sash. aowens

We would appreciate if you could give us feedback regarding the quality of the services we have provided on this work order by [Clicking Here](#).

Assignments:

(None)

We hope that our performance of this work order was complete and to your satisfaction. If there are still open items left to be completed, please contact us via email or phone.

Thank you for using our services.

To respond to this email, click [here](#).



Facilities
hot water heater
Work Order Request - Routine

31147
31147
31147

[Redacted]	Wickham -General DDA	Reported 14 Feb 2023 Printed 2 Mar 2023 11:59:50am Closed 15 Feb 2023
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Priority: DDA **Estimated:** 0 **Reviewed:** No **Status:** 2-Closed

Classification: Plumbing

Procedure or Request Details

hot water heater needs to be adjusted/water not getting hot enough



From: Please Do Not Reply To This Email <NoReply@eWorkOrders.com>
Sent: Wednesday, February 15, 2023 1:45 PM
To: [Redacted]
Subject: WO#31147 Closed: hot water heater (DDA)
Follow Up Flag: Follow up
Flag Status: Flagged
Categories: Blue Category



Facilities

Work Order #: 31147

Work Order Update Notification

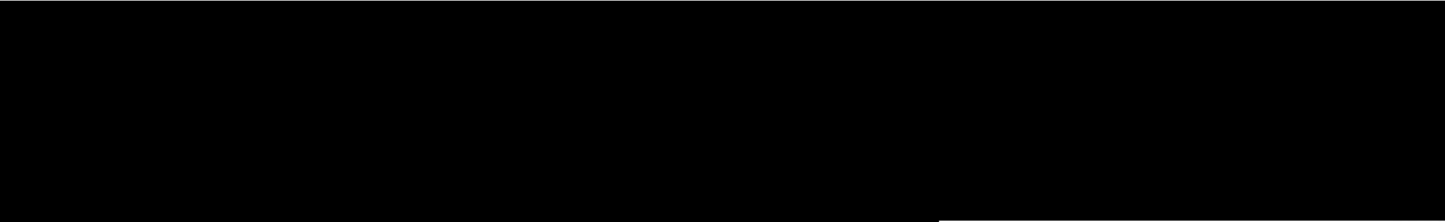
Your following work request was closed out:

Title: hot water heater
Type: Work Order Request - Routine
Contact: [Redacted]
Phone: [Redacted]
Email: [Redacted]
Area: Wickham
Priority: DDA
Region: DDA
Reported: 2/14/2023 12:35:00 PM

Procedure or Request Details:

hot water heater needs to be adjusted/water not getting hot enough

Feedback Notes:



temperature was 103.3. aowens on 2/14/2023 12:36:37 PM. water

We would appreciate if you could give us feedback regarding the quality of the services we have provided on this work order by **Clicking Here**.

Assignments:

(None)

We hope that our performance of this work order was complete and to your satisfaction. If there are still open items left to be completed, please contact us via email or phone.

Thank you for using our services.

To respond to this email, click here.

Life, Inc.
Residential Homes Water Temperature

Group Home: _____
Temperature Should Range Between 100-110 Degrees

If temperatures are below 100 or above 110 notify supervisor immediately and complete plan of correction on next page

Date	Temperature	Tested By:
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	





Re: Annual Survey Completed 2/2/2023
Wickham Road Facility, 258 Wickham Rd., Shiloh NC 27974
MHL# 015-004

Dear Ms. [REDACTED] & Ms. [REDACTED]

Attached is the plan of correction for the survey completed on February 2, 2023. Please advise if you need additional information.

Sincerely,

[REDACTED]

[REDACTED] BA, QP II
Program Manager