

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>808 NORTH MCKAY AVENUE DUNN, NC 28334</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on February 2, 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 Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of 3 current clients.</p>	V 000	<p>The facility will ensure fire and disaster drills are conducted at least quarterly under varied conditions for each shift in the home.</p>	4/3/23
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>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:</p> <p>During interview on 1/31/23 the Director of Quality</p>	V 114	<p>The Residential Manager /QP will in-service the staff in the home on the evacuation process and schedule.</p> <p>The evacuation schedule will be posted for staff review. The Residential Manager will track all evacuations on a monthly basis to ensure compliance.</p> <p>The Quality Management Director will review all evacuation drills on a monthly basis to ensure continued compliance.</p> <p><b>DHSR - Mental Health</b></p> <p><b>FEB 21 2023</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	4/3/32  4/3/23

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

P7NC11

If continuation sheet 1 of 11

*[Signature]* Director Quality Management 2/16/23

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V 114	<p>Continued From page 1</p> <p>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.</p> <p>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).</p> <p>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.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:</p>	V 118		

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V 118	<p>Continued From page 2</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> <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, 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</p>	V 118	<p>The facility will ensure that all medications are administered in compliance with physician's orders and documentation is complete and accurate on the MAR.</p> <p>For Client #1, Chlorpromazine and other prescribed medications will be documented on the MAR as noted in the physician's orders.</p> <p>For Client #5, Ketoconazole shampoo will be administered once weekly and documented accordingly on the MAR by responsible staff in the home.</p> <p>The QP and/or RN will provide in-service training to all staff on administration of medications. Staff will be instructed to administer all medications and confirm through a crosswalk of the MAR during each medication pass. All staff administering medications will document accordingly on the MAR.</p> <p>The QP will monitor the MARs for all clients, 2 times weekly in the home to ensure continued compliance.</p> <p>The Director of Operations and/or the Director Quality Management will review MARs 3-4 times weekly to ensure continued compliance.</p>	<p>3/4/23</p> <p>3/4/23</p> <p>3/4/23</p> <p>3/4/23</p>
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V 118	<p>Continued From page 3</p> <p>to administer medication and topical treatment as ordered by the physician for 1 of 3 audited clients (#5). The findings are:</p> <p><b>Finding #1</b> 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.</p> <p>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.</p> <p>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.</p> <p>Client #1 was non-verbal and unable to respond to questions regarding his medications.</p> <p><b>Finding #2</b> 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;</p>	V 118		
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V 118	<p>Continued From page 4</p> <p>Intellectual/Developmental Disability, severe; diabetes; gastroesophageal reflux disease; and colitis.</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- Physician's order signed 1/04/23 for psyllium fiber supplements (laxative) daily.</li> </ul> <p>Review on 2/01/23 of client #5's MARs November 2022 - February 2023 revealed:</p> <ul style="list-style-type: none"> <li>- Transcription for ketoconazole shampoo to be administered once weekly.</li> <li>- Ketoconazole shampoo was applied twice weekly in January.</li> <li>- 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.</li> <li>- No transcription for psyllium fiber supplements; no documentation the supplements were administered as ordered by the physician January - February 2023.</li> </ul> <p>Client #5 was non-verbal and unable to respond to questions regarding his medications.</p> <p>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.</p> <p>During interviews on 1/31/23 and 2/01/23 the Director of Quality Management stated</p> <ul style="list-style-type: none"> <li>- 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</li> </ul>	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	<p>Continued From page 6</p> <p>(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.</p> <p>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:</p> <p>Reviews on 1/31/23 and 2/01/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- 30 year old male admitted 2/09/21.</li> <li>- Diagnoses included Autism; Intellectual/Developmental Disability, severe; diabetes; gastroesophageal reflux disease; and colitis.</li> <li>- Physician's order signed 11/07/22 to check fasting blood glucose level daily.</li> <li>- 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.</li> <li>- No documented instructions from the Physician regarding actions staff should take if client #5's blood sugar readings are high or low.</li> <li>- 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.</li> <li>- Inaccurate January 2023 calendars included</li> </ul>	V 291	<p>The facility will ensure coordination efforts with qualified professionals and paraprofessional staff assigned in the home to ensure tracking and documentation of glucose and blood pressure readings in accordance with the physician's orders and the MAR.</p> <p>For Client #5, glucose and blood pressure readings will be documented on a chart , and signed off on the MAR per the physician's orders.</p> <p>For Client # 5 the QP and/or RN will provide in-service training to all staff on administration of medications to include but not limited to appropriate charting of glucose and blood pressure readings; initials the MAR.</p> <p>The QP will monitor the MARs and any charting for all clients, 2-3 times weekly in the home to ensure continued compliance.</p> <p>The Director of Operations and/or Quality Management Director will review MARs and charting 3-4 times weekly to ensure continued compliance.</p>	<p>4/3/23</p> <p>4/3/23</p> <p>4/3/23</p> <p>4/3/23</p>
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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	The QP/Residential Manager will conduct inspections 2 times weekly of the home to address cleanliness, odor, safe and orderly condition of the home and its grounds.  The QP/Residential Manager will complete a maintenance request form to address any and all repair issues noted in this report to include but not limited to curtain rods, chest drawers, furniture repair, replacement bulbs, ceiling fans etc. All items listed will be repaired and/or corrected.	4/3/23  4/3/23
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	The staff will conduct a thorough cleaning of the house to include bathrooms, bedrooms, living room, family room, baseboards, bathtubs, flooring, showers, dusting etc. to ensure cleanliness of the home.  Staff meetings will be held and staff will be in service on cleaning responsibilities and reporting any repair needs through completion of maintenance request form.  The Director of Quality Management will monitor in the home once weekly to ensure continued compliance.	4/3/23  4/3/23



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V 736	<p>Continued From page 8</p> <p>11:15 am revealed:</p> <ul style="list-style-type: none"> <li>- White powder and white residue on the floors around the perimeter of the living room and the family room.</li> <li>- 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.</li> <li>- 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.</li> <li>- Dark stains in the bottom of the kitchen sink.</li> <li>- 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.</li> <li>- The men's shower curtain rod was rusty.</li> <li>- 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.</li> <li>- 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.</li> <li>- Client #3's bedroom: heavy dust build up on the edges of the ceiling fan blades; the lamp shade and window sill were dusty.</li> <li>- 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.</li> <li>- Dark stains in the bottom of the kitchen sink.</li> <li>- Baseboards throughout the facility had black matter/staining on the top edge..</li> <li>- Dead insects and organic matter on the floor by the back bedroom hallway door.</li> </ul>	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	The facility will ensure that hot water temperature are maintained between 100-116 degrees Fahrenheit.  The Residential Manager/QP will place a maintenance work order request to address the hot water temperature issue in the ladies bath tub. A Technician and/or maintenance personnel will correct the issue with the hot water.	4/3/23
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	The QP will in-service the staff on water temperature checks, location of the thermometer in the home and notification of variation outside of the identified range. The QP will address any deviation to the required range and complete a work order and contact maintenance for adjustment to the water heater.  The QP will conduct water temperature checks in the home weekly.  The Quality Management Director will conduct water temperature checks in the home weekly as well to ensure continued compliance.	4/3/23  4/3/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>808 NORTH MCKAY AVENUE DUNN, NC 28334</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 752	<p>Continued From page 10</p> <p>am revealed the hot water temperature in the ladies bathtub was 88 degrees Fahrenheit.</p> <p>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.</p>	V 752		



**Victor**  
 & ASSOCIATES INC.

*Provider of MH/DD/SA Services*

February 16, 2023

Ms. Connie Anderson  
Facility Compliance Consultant I  
Mental Health Licensure and Certification Section  
N.C. Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Re: Annual and follow-up survey completed February 2, 2023  
Harmony Home  
808 North McKay Avenue  
Dunn, NC 28334  
MHL#043-075

Dear Ms. Anderson:

See attached hard copy of the plan of correction (POC) for the Harmony Home's survey, completed 2/2/23. We hope that you will find the attached POC acceptable. If you have questions, feel free to contact myself or Vidya Persad, Director of Operations. Otherwise, we very much look forward to your follow-up visit.

Kindest regards,

James Harris, Director Quality Management