

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/01/2023
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NAME OF PROVIDER OR SUPPLIER GARLAND GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 168 HERRING AVENUE GARLAND, NC 28441
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on March 1, 2023. The complaint was unsubstantiated (Intake #NC00197947). 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 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

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

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V 118	<p>Continued From page 1</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 and interviews the facility failed to keep MARs current for 2 of 3 current clients(#3 and #4). The findings are:</p> <p>Finding #1 Review on 02/28/23 of client #3's record revealed: -40 year old female. -Admission date of 03/05/22. -Diagnoses of Mild Mental Retardation</p> <p>Review on 02/08/23 of client #3's Physician order revealed: 08/10/22 -Restasis 0.05% (dry eyes) Apply 1 drop to both eyes twice a day for dry eyes.</p> <p>Review on 02/28/23 of client #3's January 2023 MAR revealed the following blank: -Restasis 0.05%-01/31/23.</p> <p>During interview on 03/01/23 client #3 revealed she received her medication daily.</p> <p>During interview on 03/01/23 the Qualified Professional revealed:</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-She would ensure the staff sign the MARs once the medication was administered daily.</p> <p>Finding #2 Review on 02/28/23 of client #4's record revealed: -54 year old female. -Admission date of 09/22/06. -Diagnoses of Moderate Mental Retardation.</p> <p>Review on 02/28/23 of client #4's Physician's order revealed: 10/10/12 -Atorvastatin 20mg Take 1 tablet by mouth at bedtime. 10/05/22 -Levothyroxine 75 mcg Take 1 tablet by mouth every day. 07/1/22 -Ezetimibe 10mg Take 1 tablet by mouth at bedtime for cholesterol. 11/30/22 -Trazodone 50mg Take 1 tablet by mouth at bedtime. 04/07/22 -Fish Oil 1200mg Take 1 capsule by mouth at bedtime.</p> <p>Review on 02/28/23 of client #4's January 2023 MAR revealed the following blanks: -Atorvastatin 20mg-01/31/23 -Levothyroxine 75mcg-01/31/23 -Ezetimibe 10mg-01/31/23 -Trazodone 50mg-01/31/23 -Fish Oil 1200mg-01/31/23</p>	V 118		

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V 118	Continued From page 3 During interview on 03/01/23 client #4 revealed she received her medication daily. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete Health Care Personnel Registry (HCPR) checks prior to hire for 1 of 3 audited current staff (#3). The findings are: Review on 02/28/23 of staff #3's personnel record revealed: - Hire date 11/14/22, title Aide. - HCPR check dated 3/22/22. Review on 3/01/23 of FS #3's personnel record revealed: - Hire date 6/29/22, title Direct Support Professional; date of separation 1/27/23. - HCPR check dated 02/28/23.	V 131		

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V 131	Continued From page 4 During interviews on 02/28/23 the Qualified Professional revealed: - She did HCPR checks for facility staff. - She understood HCPR checks were to be done prior to hire. - She would ensure HCPR checks were done prior to hire for new staff.	V 131		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum	V 536		

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V 536	<p>Continued From page 5</p> <p>annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher</p>	V 536		

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V 536	<p>Continued From page 7</p> <p>instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure one of three audited staff (#3) received training in alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 02/28/23 of staff #3's record revealed: -Hire date: 11/14/22. -Job: Aide -Training in alternatives to restrictive interventions had not been completed.</p>	V 536		

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V 536	Continued From page 8 Interview on 02/28/23 the Qualified Professional stated: -She had staff #3 signed up in March 2023 to have the training completed.	V 536		