

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2023
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NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES-RIVER RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5301 ROBBINS DRIVE RALEIGH, NC 27610
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on May 4, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .2100 Specialized Community Residential Centers for Individuals with Developmental Disabilities.</p> <p>This facility is licensed for 12 and currently has a census of 10. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's</p>	V 105		

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

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V 105	Continued From page 1 needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to assure a discharge summary was completed for 1 of 1 former client (FC #14). The findings are:</p> <p>Review on 5/3/23 of FC #14's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 11/12/20 - Diagnosis: Traumatic Brain Injury (TBI), Spinal Cord Injury (SPI), and Quadriplegia C1-4 complete - No discharge summary <p>Interview on 5/3/23 and 5/4/23 with the Operations Manager revealed:</p> <ul style="list-style-type: none"> - FC #14 moved to a Sister Facility on 4/3/23 - The team held a meeting and felt the Sister Facility was a "better fit" for FC #14 - She (Operations Manager) could not recall date of meeting - She did not consider the move a discharge - "I know we are all licensed separately but we look at the campus as a whole program" 	V 105		
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</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>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 review and interview the facility failed to ensure medications on the written order of a physician were present for one of three current clients. (#5). The findings are:</p> <p>Review on 5/4/23 of client #5's record revealed: -Admission date of 5/27/04 -Diagnoses of Traumatic Brain Injury (TBI)</p> <p>Review on 5/4/23 of client #5's Physician Order dated 4/6/23 revealed:</p>	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Bisacodyl (constipation) 5 mg- PRN (as needed) -Benadryl (allergies) 25 mg- PRN -Epinephrine .3mg pen -PRN" <p>Review of client #5's medications revealed:</p> <ul style="list-style-type: none"> -Bisacodyl and Benadryl were not present in the facility. -Epinephrine .3mg pen was expired as of 9/24/22 <p>Interview on 5/4/23 the Registered Nurse stated:</p> <ul style="list-style-type: none"> -Did not realize the epi pen had expired until surveyors arrived. -Stopping by the pharmacy today to pick up medications that were not in the facility for client #3. -On Tuesday nights, the third shift was to go through the medication cart and make a list of all needed refills. -Sometimes the PRN's "fall through the cracks." -Staff should be checking the expirations on the medications as well. -Been training a new nurse and this was taking her time out of overseeing these processes. -Needed this survey to help her find what she needed to work on and get right. 	V 118		
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 degrees Fahrenheit.</p>	V 752		

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V 752	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation at 8:45 am on 5/4/23 during facility tour revealed:</p> <ul style="list-style-type: none"> - Water temperatures of 60 degrees Fahrenheit in bathrooms 1 and 2 - Water temperatures of 58 degrees Fahrenheit in client # 1's and client #3's bedroom sink <p>Attempted interview on 5/4/23 with client #3 but client was unable to answer questions</p> <p>Interview on 5/4/23 with staff #4 revealed:</p> <ul style="list-style-type: none"> - The water took a long time to warm up - She "complained" about the water being too cold in the past - Reported the water temperature to management <p>Interview on 5/4/23 with the Operational Manager revealed:</p> <ul style="list-style-type: none"> - She was responsible for checking water temperatures for the facility - She checked the water temperatures monthly - The water would "take a long time to warm up" - Some rooms used a different water pump - Staff has reported the water temperatures in the past 	V 752		