

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-761	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2023
NAME OF PROVIDER OR SUPPLIER THE LOVING HOME, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4944 MACEDONIA CHURCH ROAD FAYETTEVILLE, NC 28312		
(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 and follow up survey was completed on May 10, 2023. Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire drills were held quarterly and repeated on each shift. The findings are: Review on 5/09/23 of the facility's fire and	V 114		

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

TITLE

(X6) DATE

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V 114	Continued From page 1 disaster drill documentation April 2022 - March 2023 revealed: - No fire drill for the second shift during the 2nd quarter (April - June) 2022. - No fire drills for the first or third shifts during the first quarter (January - March) 2023. During interview on 5/09/23 client #1 stated she participated in fire drills; she went outside "by the pump house" for fire drills. During interview on 5/09/23 client #2 stated she participated in fire drills; she went outside for fire drills. During interview on 5/09/23 staff #1/the House Manager stated: - The facility operated with 3 shifts: first 8:30 am - 4:00 pm; second 4:00 pm - 10:00 pm; third 10:00 pm - 8:00 am. - Drills were held monthly on each shift. During interview on 5/10/23 the Qualified Professional/Director stated he understood the requirement for fire drills to be held quarterly and repeated on each shift.	V 114		
V 118	27G .0209 (C) Medication Requirements 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.	V 118		

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V 118	<p>Continued From page 2</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 and interviews the facility failed to ensure medications administered were recorded on the MAR immediately after administration affecting 1 of 2 current clients (#2). The findings are:</p> <p>Review on 5/09/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 37 year old female admitted 03/04/05. - Diagnoses included Intellectual/Developmental Disability, moderate; Bi-Polar Disorder; Post Traumatic Stress Disorder; Obsessive Compulsive Disorder. 	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Physician's order signed 12/22/22 for divalproex sodium (seizures and Bi-Polar Disorder) 500 milligrams (mg) 1 tablet twice daily. <p>Review on 5/09/23 of client #2's MARs for February - May 2023 revealed:</p> <ul style="list-style-type: none"> - Transcription for divalproex sodium 500 mg 1 tablet twice daily at 7:00 am and 7:00 pm. - No staff documentation of administration of client #2's 7:00 pm dose of divalproex sodium 4/24/23 through 4/30/23. - No documented explanation for the blanks. <p>Review on 5/09/23 of the medication count log for client #2's divalproex sodium revealed staff documented administration of the medication as ordered.</p> <p>During interview on 5/09/23 client #2 stated:</p> <ul style="list-style-type: none"> - She took her medications daily with staff assistance. - She never missed any of her medications. <p>During interview on 5/09/23 staff #1/the House Manager stated:</p> <ul style="list-style-type: none"> - She was sure the 7:00 pm doses of client #2's divalproex sodium was administered 4/24/23 through 4/30/23. - "Somebody skipped it. It was given, but not documented" on the MAR. <p>During interview on 5/10/23 the Qualified Professional/Director stated he understood the requirement for medication administration to be documented on the MARs immediately.</p>	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification	V 131		

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V 131	<p>Continued From page 4</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete Health Care Personnel Registry (HCPR) check prior to hire for 1 of 3 audited staff (#2). The findings are:</p> <p>Reviews on 5/09/23 and 5/10/23 of staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date 5/29/22. - No documented HCPR check completed prior to hire. <p>During interviews on 5/09/23 the Qualified Professional/Director stated:</p> <ul style="list-style-type: none"> - He was sure staff #2's HCPR check was completed as required. - He could not locate staff #2's pre-employment HCPR check. - He understood the requirement for HCPR checks to be completed prior to hire. - He would request a new HCPR check for staff #2. 	V 131			
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736			

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V 736	<p>Continued From page 5</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 observations and interviews the facility was not maintained in a clean and attractive manner. The findings are:</p> <p>Observations on 5/09/23 at 10:20 am revealed:</p> <ul style="list-style-type: none"> - The drawer to the right side of the stove was off the track. - The chandelier in the dining room was missing 2 light bulbs; 1 light bulb was not working. - The hall bathroom sink had dark rust stains at the drain and the overflow hole and white residue/corrosion on the faucet and controls; latex gloves hanging over the closed vanity door. - Damage to the inside bottom of the wooden bathroom door. - Cracked tiles at the bathtub faucet control. - Paint peeling in the hallway above the linen closet. - Damage to the outside of the door to bedroom #1 (client #1' bedroom) included a crack below the doorknob, an approximate 4 inch oval shape unfinished repair and an approximate 1 inch round hole. - A drawer was missing from the 4 drawer chest in bedroom #1; there was no covering over the closet; the headboard was not attached to the bedframe but was held against the wall by the 	V 736		

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V 736	<p>Continued From page 6</p> <p>mattress and box spring.</p> <ul style="list-style-type: none"> - The ceiling fan in bedroom #1 was dusty and the light fixture had no globe. - There were no coverings over the closets in bedroom #2 (client #2's bedroom). - There was no globe over the light fixture in bedroom #3. - The walk in shower for bedroom #3 had rust stains on the tile walls; the toilet tank cover was too large and did not fit securely; white residue/corrosion on the sink fixture; no covering on the light fixture above the bathroom sink. - A disconnected washing machine was stored on the back porch. - Walls and painted surfaces throughout the facility were scuffed and scratched. <p>During interview on 5/09/23 staff #1/the House Manager stated the facility had been cited for damage to the door to bedroom #1.</p> <p>During interview on 5/10/23 the Qualified Professional/Director stated maintenance staff were at the facility making repairs and removing the washing machine from the back porch.</p> <p>This deficiency has been cited 3 times since the original cite on 10/14/20 and must be corrected within 30 days.</p>	V 736		