

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/08/2023
NAME OF PROVIDER OR SUPPLIER THE OVERLOOK		STREET ADDRESS, CITY, STATE, ZIP CODE 205 HAMPTON CHURCH ROAD MURPHY, NC 28906		
(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	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type B was completed on 5/8/23. This was a limited follow up survey, only 10A NCAC 27G. 0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G. 0209 Medication Requirements (V118) cross reference 10A NCAC 27G. 5603 Operations (V291) were reviewed for compliance. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 clients and currently has a census of 6. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p>	V 112		

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to develop and implement treatment strategies to address client needs for 1 of 2 audited clients (Client #1). The findings are:</p> <p>Review on 4/28/23 of Client #1's record revealed: -Date of admission: 9/7/22. -Diagnoses: Mild Intellectual Developmental Disability (IDD), Schizophrenia Spectrum and other Psychotic Disorder, Depressive Disorder, Unspecified Impulse Control Disorder and Conduct Disorder. -Treatment plan dated 12/27/22 "Continues to struggle with smoking and refusing his tar bar (cigarette filter). Staff has to monitor [Client #1] during his entire smoking time to ensure that [Client #1] does not burn himself." -There were no specific goals or strategies to address needs surrounding smoking. -Positive Behavior Support Plan (PBSP) dated 2/27/23 had no goals or strategies for smoking. -There was no data collection for Client #1's behaviors surrounding smoking or a smoking schedule.</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Review on 4/25/23 of Client #1's PBSP provided by the Qualified Professional (QP) on 4/25/23 revealed:</p> <ul style="list-style-type: none"> -Effective Date - 1/27/23. -The House Manager, QP and Director of IDD Services signed the plan on 1/27/23. -There were blank signature lines for Client #1, his guardian, and the Neuropsychologist. -"The PBSP is modified below to add a Smoking schedule. A Service note - The Arc [Appalachian Regional Commission] of North Carolina (guardian agency) - states that [Client #1] would like to smoke more (every hour)...A smoking schedule will be added to his plan below to aid in maintaining his health and safety..." -"Challenging Behavior...Smoking Cigarettes... [Client #1] is burning his hands and face with cigarettes and insists on an hour smoking schedule instead of 2 hours..." -"...staff will utilize the following behavioral interventions to encourage [Client #1] to follow the smoking schedule..." -"Follow Smoking Schedule...[Client #1] should be encouraged to develop a daily calendar with time intervals on a laminated board...Refer to a sample daily calendar attached to this document. He should place it on a wall in his bedroom..." -Attached to the plan was "[Client #1's] Smoking Daily Calendar Schedule" reflecting his smoking times every hour starting at 7:00 a.m. and ending at 9:00 p.m. -"...The data collection will be kept in his EMR [Electronic Medical Record]...Follow the Smoking schedule will be added to the other Behaviors to Increase in the EMR data forms which should be completed at the end of the day." <p>Review on 5/3/23 of Client #1's PBSP with a revised and effective date of 5/1/23 provided by</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>the Director of IDD Services via email on 5/2/23 revealed:</p> <p>-Body of email - "Attached is the updated behavior plan with 2 hour smoking schedule posted in the home (facility)."</p> <p>-"The PBSP is modified below to add a Smoking schedule... Due to concerns of self-harm and finances, guardian and ACS [Appalachian Community Services] staff agree to continue with the established 2 hour smoking schedule."</p> <p>-"Challenging Behavior...Smoking Cigarettes...Per documentation from guardian, continue with smoking schedule of one cigarette every 2 hours..."</p> <p>-The plan was signed on 5/1/23 by the client, the QP, the Director of IDD Services and the Neuropsychologist.</p> <p>-The client's guardian and the House Manager signed 5/2/23.</p> <p>Review on 5/4/23 of Client #1's PBSP EMR revealed:</p> <p>-"Grid Note Objective Documentation" for 4/27/23 and 5/4/23 completed by direct care staff.</p> <p>-"Start Date: 2/27/2023" for each goal.</p> <p>-None of the goals were related to smoking.</p> <p>Observation on 4/27/23 at 2:45 p.m. of Client #1's bedroom revealed:</p> <p>-No smoking calendar/schedule posted on the wall or anywhere in his room.</p> <p>-Several plastic tar bars on his dresser and on the floor.</p> <p>Observation and interview on 4/27/23 at 4:00 p.m. with Client #1 revealed:</p> <p>-He was "only getting 6-7 cigarettes a day."</p> <p>-He showed a purple/black mark on his bottom lip and one on his index finger and one on his thumb, and identified them as burns from</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>smoking cigarettes.</p> <p>Interview on 4/27/23 with Staff #1 revealed: -He had been working at the facility since March 2023. -Client #1 was supposed to have 1-1 staff until 4:00 p.m. but they did not show up today. -The 1-1 staff was to be with him when he smoked and to assist in between smoking as Client #1 wanted a cigarette every 30 minutes. -Client #1's smoking schedule was every 2 hours; "If he (Client #1) can't have one (cigarette) that triggers him." -He "takes the tar bar off (the cigarette) and won't leave it on...have to prompt him to put it (the cigarette) out...holds onto it (the cigarette) until it burns him."</p> <p>Interviews on 4/27/23 and 4/28/23 with the House Manager revealed: -Client #1 was to have 1-1 staff from 8:00 a.m. to 5:00 p.m. -It was "a battle" as he used the tar bar "half the time" and continues to burn his hands and lip. -When staff prompts Client #1 to discard his cigarette "he won't" and "dodges when staff try to get it." -Client #1's 1-1 staff called out sick today and he does not have any other staff to work with Client #1. -His smoking schedule was every hour. -He got clarification on 4/28/23 that Client #1's smoking schedule was supposed to be every 2 hours. -He was not aware of a smoking schedule/calendar that needed to be posted in Client #1's bedroom.</p> <p>Interviews on 4/25/23 and 4/27/23 with the QP revealed:</p>	V 112		

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V 112	<p>Continued From page 5</p> <ul style="list-style-type: none"> -The PBSP dated 1/27/23 was the plan currently being implemented. -They were working on this plan when the previous surveyor was still conducting her survey (previous survey exit 2/1/23). -Client #1's problems with smoking have been "going on for awhile;" he refuses to use the tar bars. -1-1 staff was implemented to monitor Client #1 while he smoked. <p>Interview on 4/25/23 with the Director of IDD Services revealed:</p> <ul style="list-style-type: none"> -Client #1's "smoking was still an issue." -Implemented 1-1 staff to be present when Client #1 smoked. -Confirmed the 1/27/23 PBSP was the current plan being implemented (received e-mail of changes 5/2/23). <p>Review on 5/8/23 of the Plan of Protection dated 5/8/23 written by the Director of IDD services 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?" -Residential QP completed treatment plan meeting on 1/27/23 and 5/1/23 to update behavior treatment plan. Resident smoking schedule has been printed and is hanging in a visible area for resident (Client #1) reference. Staff received additional training regarding smoking schedule and treatment plan updates on 5/4/23 and 5/5/23. -Describe your plans to make sure the above happens. -Behavioral treatment plan update occurred 5/1/23 and staff training was completed by 5/5/23." <p>Client #1 was diagnosed with Mild IDD,</p>	V 112		

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V 112	Continued From page 6 Schizophrenia Spectrum and other Psychotic Disorder, Depressive Disorder, unspecified Impulse Control Disorder and Conduct Disorder. Client #1 had burns on his fingers and lips from smoking cigarettes. He consistently refused to use the tar bar and refused to extinguish the cigarettes to prevent burning himself. Client #1 was to have 1-1 staff assigned to supervise him when he smoked. His 1-1 staff did not show up to work on 4/27/23 and there was no other staff to provide the required level of supervision of Client #1. The staff were unaware of the 1/27/23 PBSP where Client #1 could smoke every hour and was to have a smoking schedule/calendar posted in his bedroom. The PBSP was revised during the survey (5/1/23) and reflected he could smoke every 2 hours. The PBSP for smoking was not in the client's EMR and the implementation and success/failure of the plan was not being assessed or documented. This deficiency constitutes an Imposed Type B rule violation which is detrimental to the health, safety and welfare of the clients. An administrative penalty of \$200.00 per day is imposed for failure to correct within 45 days.	V 112		
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. (3) Medications, including injections, shall be	V 118		

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V 118	<p>Continued From page 7</p> <p>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:</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 observation, interview and record review, the facility failed to ensure a medication was administered on the written order of a physician and failed to keep MARs current for 1 of 2 audited clients (Client #1). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .5603 Operations (V291). Based on record review and interview the facility failed to coordinate medical services with other professionals responsible for client's treatment for 1 of 2 audited clients (Client #1).</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>Observation on 4/27/23 at 3:00 p.m. of Client #1's medications revealed: -Erythromycin 0.5% eye ointment (antibiotic)- "Apply 4 times a day in left eye indefinitely" - dispensed 2/20/23.</p> <p>Review on 4/27/23 of Client #1's physician's orders revealed: -1/25/23 - Erythromycin 0.5% eye ointment- "Clarification order - apply 4 times a day for 15 days - repeat PRN (as needed) for recurring eye infections."</p> <p>Review on 4/27/23 of a sheet of paper provided by the facility's Supported Living/Operations Support Specialist I revealed: -1/27/23 - hand written on a blank sheet of paper - Client #1's name, Erythromycin 0.5% - "Apply QID (4 times a day) OS (left eye) indefinitely per MD (physician)." -No physician or pharmacist signature. -No indication of a telephone order or verbal order taken by the pharmacist.</p> <p>Review on 4/27/23 and 5/4/23 of Client #1's MARs from March 2023 through May 4, 2023 revealed: -Erythromycin 0.5% - apply 4 times daily in left eye indefinitely - 3/15/23 - 3/17/23, 3/20/23 - 3/24/23 and 3/27/23 - 3/31/23 - had staff initials with circles around them to indicate the medication was refused. -3/18/23, 3/19/23, 3/25/23 and 3/26/23 had the letter "H" to indicate the client was in the hospital. -"Nurse's Medication Notes" at the end of the MAR - 3/14/23 - 3/17/23, 3/20/23 - 3/24/23 and 3/27/23 - 3/29/23 - "All am meds [medications] not given (hospital)" -Erythromycin was not listed for April and May.</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>Review on 4/27/23 of an "Instruction Sheet," undated, from a local eye center received from the Supported Living/Operations Support Specialist I revealed:</p> <ul style="list-style-type: none"> -Surgery date - 3/7/23; site - left lower lid. -Post op (operative) appointment scheduled for 3/9/23. -"Specific Postoperative Instructions...Antibiotic Ointment: Ophthalmic ointment is used on skin incisions three (3) times a day. For incisions inside the eyelid, other instructions will be given..." -There was no physician signature. <p>Review on 4/27/23 of "Additional Postoperative Instructions" from the same local eye center received from the Supported Living/Operations Support Specialist I revealed:</p> <ul style="list-style-type: none"> -"First 1-3 weeks: Use ointment to incision three times a day for 1 week from surgery date..." -There was no physician signature on the instructions page and Client #1's name was handwritten at the top. <p>Review on 5/1/23 of a physician order for Client #1 received via email on 5/1/23 from the Director of IDD (Intellectual Developmental Disability) Services revealed:</p> <ul style="list-style-type: none"> -1/27/23 - Erythromycin - apply thin ribbon 4 times a day to left eye - signed by the physician from the eye center. -The order did not specify "indefinitely." <p>Interview on 5/1/23 with the local pharmacy technician revealed:</p> <ul style="list-style-type: none"> -The handwritten note on 1/27/23 for Erythromycin to be applied 4 times a day indefinitely was written by their pharmacist. -This was a verbal order from the physician taken by the pharmacist and therefore was an order. 	V 118		

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V 118	<p>Continued From page 10</p> <p>Interview on 4/27/23 and 5/4/23 with the Director of IDD Services revealed:</p> <ul style="list-style-type: none"> -Client #1 had surgery to correct his eye. -Erythromycin was administered for 7 days after surgery per the post op instructions. -She was aware of the pharmacy label and restated they went by the post op instructions and stopped the medication after 7 days. -The March MAR was documented incorrectly; Client #1 was in the hospital on all the dates above that were circled and initialed. <p>Review on 5/8/23 of the Plan of Protection dated 5/8/23 written by the Director of IDD services 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? -Resident (Client #1) was taken to post op appointment on 3/9/23 and instructions were provided by physician to stop ointment 1-week post op. This was understood to be the erythromycin eye ointment as this was the only eye ointment resident was prescribed by physician's practice. Attempts were made to contact physician's office to specify the ointment on post-op instructions was erythromycin. Director of IDD Services and Residential Business Operations Manager contacted physician's office on the following dates to obtain additional information: <p>5/1/23 5/2/23 5/3/23 5/4/23 5/5/23 5/8/23</p> <ul style="list-style-type: none"> -On 5/4/23 at 4:11 pm, physician's office faxed unsigned medication order specifying erythromycin and have not responded to requests 	V 118		

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V 118	<p>Continued From page 11</p> <p>for clarification on 5/5/23 and 5/8/23.</p> <p>-It is ACS's [Appalachian Community Services] regular practice to obtain any needed clarification on orders immediately and typically receive responses within 24 hours from physicians' offices.</p> <p>-Describe your plans to make sure the above happens.</p> <p>-Resident has a physician appointment 5/10/23 and will be accompanied by Director IDD Services to ensure physician provides signed medication orders and to stress the importance of having clear and specific orders for our residents for this current order and all future orders."</p> <p>Client #1 had diagnoses of Paralytic Ectropion and Paralytic Lagophthalums affecting his left upper and lower eyelids. He had frequent eye infections and was prescribed antibiotic ointment as early as 1/27/23. The orders on how to administer his Erythromycin were conflicting. Order 1/25/23 was 4 times a day for 15 days; order 1/27/23 was 4 times a day, and staff accepted a plain piece of paper with no physician signature as an order that specified 4 times a day indefinitely. Client #1 had instruction sheets staff was given after his eye surgery on 3/7/23. These were general instructions, not specific to Client #1 and not signed by the physician. Staff followed the general post op instructions sheet and administered his eye ointment for 7 days following surgery and stopped it. The ointment was not listed on the MARs for April and May since it was stopped by the facility. Appointment visits obtained by the surveyor gave specific instructions on administration of the Erythromycin pre-surgery and post surgery. As of the last order on 3/9/23 Client #1 should be administered his Erythromycin every evening. This deficiency constitutes an Imposed Type B rule violation</p>	V 118		

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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 118	Continued From page 12 which is detrimental to the health, safety and welfare of the clients. An administrative penalty of \$200.00 per day is imposed for failure to correct within 45 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. (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.	V 291		

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V 291	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate medical services with other professionals responsible for client's treatment for 1 of 2 audited clients (Client #1).</p> <p>Review on 4/28/23 of Client #1's record revealed: -Date of admission: 9/7/22. -Diagnoses: Mild Intellectual Developmental Disability (IDD), Schizophrenia Spectrum and other Psychotic Disorder, Depressive Disorder, Unspecified Impulse Control Disorder and Conduct Disorder.</p> <p>Review on 5/3/23 of Client #1's "Visit Notes" obtained by the surveyor from the local eye center dated 2/16/23: -Client was "having frequent left ocular infections..." -"PT (patient, Client #1) to use Erythromycin QID (4 times a day) OS (left eye)...Pt (patient) rpts (reports) pain is better w/ (with) UNG (ointment) use." -Diagnoses of "Lagophthalmus, Paralytic, left upper and lower lid, Paralytic Ectropion left lower eyelid, Injury Facial Nerve, left eye subsequent encounter, Exposure Keratoconjunctivitis, left eye and Ectropion Cicatricial, left lower lid." -Assessment and plan - "...Continue Emeycin (Erythromycin) ointment TID (3 times a day) until surgery..." -Signed by the physician 2/16/23.</p> <p>Review on 5/3/23 of "Visit Notes" obtained by the surveyor from the local eye center dated 3/9/23 revealed: -Appointment for 2 day post op (post operative) from eye surgery on 3/7/23.</p>	V 291		

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V 291	<p>Continued From page 14</p> <p>- "Pts [Patient's] caregiver states pt is doing well following surgery."</p> <p>- Assessment and plan - "PARALYTIC ECTROPION OF LEFT LOWER EYELID...Continue ointment for total of 7 days following surgery..."</p> <p>- "LAGOPHTHALUMS, PARALYTIC; Left Upper Lid, Left Lower Lid...Continue ung QHS (every night at bedtime)."</p> <p>- Signed by the physician 3/9/23.</p> <p>Review on 5/5/23 on an e-mail dated 5/5/23 provided by the facility Supported Living/Operations Support Specialist I revealed:</p> <p>- Attempts to obtain Client #1's physician orders and instructions post op were from 5/1/23 - 5/5/23 (after surveyor entrance).</p> <p>Interview on 5/4/23 with the Director of IDD Services revealed:</p> <p>- She was not aware there were visit notes dated 2/16/23 and 3/9/23 that included orders for his ointment from the eye appointments.</p> <p>- She expected the staff that accompanied the client to his appointments to obtain all his needed paperwork.</p> <p>This deficiency is cross referenced into 10A NCAC 27G. 0209 Medication Requirements (V118) imposed Type B rule violation.</p>	V 291		