STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL083-052	A. BUILDING: _____ B. WING _____	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAHAM AFL	6720 CRESTLINE ROAD LAURINBURG, NC 28352

(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 survey was completed on March 30, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living for Adults with Developmental Disabilities. This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
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 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 (E) name or initials of person administering the	V 118		

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V 118	Continued From page 1 drug. (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications on the written order of a person authorized by law to prescribe drugs and maintain a current MAR for 2 of 2 clients (#1, #2). The findings are: Finding #1: Review on 3/30/23 of client #1's record revealed: -82 year old female admitted 7/1/2011. -Diagnoses included moderate intellectual or developmental disability; cleft palate; hearing impaired; seizure disorder; hypertension, dysphagia, anemia, prediabetes, microphthalmia; and hypomagnesemia. -No signed medication orders between 3/30/22 and 3/30/23 for Phenytoin 125 mg (milligrams)/5 ml (milliliters); Amlodipine Besylate 10 mg; Meloxicam 7.5 mg; or Fluticasone nasal spray 50 mcg (micrograms). Review on 3/30/23 of client #1's MARs from 1/1/23 to 3/30/23 and pharmacy list of medications dispensed between 12/1/22 - 3/30/23 revealed: -Phenytoin 125 mg/5 ml; administer 7 mls at bedtime. -Amlodipine Besylate 10 mg daily.	V 118		

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V 118	Continued From page 2	V 118		

-Meloxicam 7.5 mg daily.
-Fluticasone nasal spray 50 mcg, 1 spray in each nostril daily.
-No MAR for the month of February 2023.

Unable to interview client #1 on 3/30/23 because of difficulty with communication between client and surveyor due to hearing and vision mpairment.

Finding #2:
Review on 3/30/23 of client #2's record revealed:
-72 year old female admitted 7/1/2011.
-Diagnoses included moderate intellectual or developmental disability; hypertension, prediabetes, anxiety disorder, somatization disorder, visual impairment, and age appropriate osteoporosis.
-No signed medication orders dated between 3/30/22 and 3/30/23 for Raloxifene 60 mg daily; Ferrous Sulfate 325mg daily; Allergy Relief (Fexofenadine) 180 mg daily; or Quetiapine Fumarate 100 mg.

Review on 3/30/23 of client #2's MARs from 1/1/23 to 3/30/23 and pharmacy list of medications dispensed between 12/1/22 - 3/30/23 revealed:
-Raloxifene 60 mg daily.
-Ferrous Sulfate 325mg daily.
-Allergy Relief 180 mg daily.
-Quetiapine Fumarate 180 mg at 8pm transcribed onto the MARs.
-Quetiapine Fumarate 100 mg at 8pm printed on the pharmacy list as dispensed between 12/1/22 and 3/30/23.
-No MAR for the month of February 2023.

Interview on 3/30/23 client #2 stated:
-AFL (alternative family living) Provider

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V 118	Continued From page 3 administered her medications. -She received her medications every day. Interview on 3/30/23 the AFL Provider stated: -The physician sent medication orders to the pharmacy. -She did not get copies of medication orders. -She made a mistake on client #2's MAR for the dosage of Quetiapine Fumarate. She wrote "180 mg" when she should have written "100 mg." -She had sent the MARs prior to March 2023 to the office. She did not have copies of MARs prior to the current March 2023 MAR in the home. Interview on 3/30/23 the Qualified Professional stated: -The February 2023 MAR had not been received from the AFL Provider. -The list of medications provided to the surveyor were from the pharmacy and signed by the pharmacist.	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider	V 366		

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specified timeframes not to exceed 45 days;
(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;
(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:

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V 366	Continued From page 5 (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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V 366	Continued From page 6	V 366		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to implement written policies governing their response and documentation of level I incidents as required. The findings are:

Review on 3/30/23 of client #1's record revealed:
-82 year old female admitted 7/1/2011.
-Diagnoses included moderate intellectual or developmental disability; cleft palate; hearing impaired; seizure disorder; hypertension, dysphagia, anemia, prediabetes, microphthalmia; legally blind; and hypomagnesemia.
-Physician note dated 8/29/22 documented office visit for follow up of left clavicle fracture. "...Wear a sling for comfort ... wean as comfort improves."

Interview on 3/30/23 the AFL (alternative family living) Provider stated:
-"Around" July or August of 2022 client #1 was taken to the hospital because she started complaining of pain after a fall during the prior night.
-Client #1 had a fracture of her clavicle and was ordered to wear a sling.
-The AFL provider did not do an incident report for her fall.
-The Qualified Professional (QP) instructed her to do an incident report going forward.
-She was not aware she needed to do an incident report because she had never had anything like that happen before.
-She had notified the QP after client #1 had been

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V 366	Continued From page 7 taken to the hospital and found to have a fracture. Interview on 3/30/23 the QP stated no incident report had been completed for client #1's fall and fractured clavicle.	V 366		