

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/09/2023
--	---	--	--

NAME OF PROVIDER OR SUPPLIER LEE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 33 WESTON HEIGHTS DRIVE ASHEVILLE, NC 28803
---	---

(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>An annual and follow up survey was completed on 5/9/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the 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</p>	V 118	<p>V 118 27G.0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 Medication Requirements</p> <p>Corrective action will begin immediately. Corrective Action Complete <u>6/8/2023</u></p> <p>CLIENT #1</p> <ul style="list-style-type: none"> Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.). Client # 1. <p><i>A review of the Policies and Procedures for Medication Requirements, 27G.0209 (C) Medication Requirements, will be given to the AFL Providers. Staff will document both prescription or non-prescription drugs on the Medication Administration Record and initial when medication is given to the client.</i></p> <p><i>A review of medication documentation with both AFL Providers will be completed by QP to make sure AFL Providers understand any medications that are being given from the medication box should be included on the MAR. QP will document on QP notes that this review of medication documentation was given.</i></p> <ul style="list-style-type: none"> Indicate what measures will be put in place to prevent the problem from occurring again <p><i>The AFL Provider and the QP will review the Policies & Procedures for documenting over the counter medications (vitamins). They understand that supplements when given need to be documented on the MAR.</i></p> <p><i>Close monitoring of AFL Providers' documentation of medications when given to Client #1 will be completed by QP during monthly visits and reminders during telephone conversations with QP and office staff of Summerland Homes.</i></p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Connette Kirkland

TITLE

President

(X6) DATE

6-1-2023

**RECEIVED BY
MHL & C
6/1/23**

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/09/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER LEE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 33 WESTON HEIGHTS DRIVE ASHEVILLE, NC 28803
---	---

(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	<p>Continued From page 1</p> <p>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 the MARs current for 2 of 2 clients (Clients #1, #2). The findings are:</p> <p>Record review on 5/9/23 for Client #1 revealed: -Date of Admission: 10/30/10. -Diagnosis: Severe Intellectual/Developmental Disability, Anxiety Disorder, Autism Spectrum Disorder, Seizure Disorder, Pica. -Review of physician's orders dated 2/9/23 revealed: -Oxcarbazepine 300mg (milligrams)(seizures) - 2 tablets in AM, 1 mid-day and 2 and bedtime. -Escitalopram 10mg (anxiety) - 3 tablets once daily. -Temazepam 30mg(sedative) - 1 tablet at bedtime. -Lacosamide 200mg (seizures) - twice daily.</p> <p>Review on 5/9/23 of MARs for Client #1 from 3/1/23-5/9/23 revealed: -There was no documentation of administration from 5/1/23- 5/9/23 for any medication.</p> <p>Record review on 5/9/23 for Client #2 revealed: -Date of Admission: 5/1/13. -Diagnosis: Profound Intellectual/Developmental</p>	V 118	<ul style="list-style-type: none"> • Indicate who will monitor the situation to ensure it will not occur again. Medications and documentation will be reviewed monthly during QP's monthly visit to home. Reminders to document on MARS after giving medications will continue to be made when speaking with staff during plan meetings, telephone conversations and text messages. • <u>Indicate how often the monitoring will take place.</u> Monthly monitoring of AFL home, unannounced visits to AFL Home and reminders of documentation during telephone conversations will be ongoing. Medication boxes and current MARS will be reviewed during all visits to the home. <p>V 118 27G.0209 (C) Medication Requirements CORRECTIVE ACTION COMPLETE 6/8/2023 CLIENT #2</p> <ul style="list-style-type: none"> • <u>Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.). Client # 2.</u> A review of the Policies and Procedures for Medication Requirements, 27G.0209 (C) Medication Requirements, will be given to the AFL Providers. Staff will document both prescription or non-prescription drugs on the Medication Administration Record and initial when medication is given to the client. <p>A review of medication documentation with both AFL Providers will be completed by QP to make sure AFL Providers understand any medications that are being given from the medication box should be included on the MAR. QP will document on QP notes that this review of medication documentation was given.</p>	
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/09/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER LEE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 33 WESTON HEIGHTS DRIVE ASHEVILLE, NC 28803
---	---

(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	<p>Continued From page 2</p> <p>Disability, Anxiety Disorder, Hyperlipidemia, Vitamin D Deficiency, Hypokalemia, Chronic Urinary Tract Infections.</p> <p>-Review of physician's orders dated 10/18/21 revealed:</p> <ul style="list-style-type: none"> -Esomeprazole 40mg (acid reflux) once daily. -Cholecalciferol (Vitamin D3) 5000iu (international units)(vitamin D deficiency) - once daily. -Levothyroxine 100mcg (micrograms) (hypothyroidism)- once daily and changed to 112mcg on 3/17/23. -Calcitriol 0.25mcg (vitamin D deficiency) 2 tablets once daily ordered 2/24/23 and changed to twice daily on 3/17/23. -Calcium +Vitamin D3 600mg/20mcg (supplement) - twice daily ordered on 8/29/22. <p>Review on 5/9/23 of MARs for Client #2 from 3/1/23-5/9/23 revealed:</p> <ul style="list-style-type: none"> -Esomeprazole was not initialed as administered 5/1/23-5/9/23. -Cholecalciferol was not listed nor marked as administered on the April or May MARs. -Levothyroxine was not initialed as administered 5/1/23-5/9/23. -Calcitriol was not initialed as administered PM dose 5/1/23-5/9/23. -Calcium +Vitamin D3 was not initialed as administered 5/1/23-5/9/23. <p>Observation on 5/9/23 at approximately 11am revealed Staff #1 completing the top line of first medication on the May MAR for Client #2 (AM dose for Calcitriol from 5/1/23-5/9/23). Medication bottles for Client #2 revealed an over the counter (OTC) bottle of Vitamin D3 10,000 iu with expiration of 8/2024. There was no Cholecalciferol in Client #2's stock of medications.</p>	V 118	<p>Indicate what measures will be put in place to prevent the problem from occurring again</p> <p><i>The AFL Provider and the QP will review the Policies & Procedures for documenting over the counter medications (vitamins). They understand that supplements when given need to be documented on the MAR.</i></p> <p><i>Close monitoring of AFL Providers' documentation of medications when given to Client #2 by QP during monthly visits and reminders during telephone conversations with QP and office staff of Summerland Homes.</i></p> <p>Indicate who will monitor the situation to ensure it will not occur again.</p> <p><i>Medications and documentation will be reviewed monthly during QP's monthly visit to home. Reminders to document on MARS after giving medications will continue to be made when speaking with staff during plan meetings, telephone conversations and text messages.</i></p> <p>Indicate how often the monitoring will take place.</p> <p><i>Monthly monitoring of AFL home, unannounced visits to AFL Home and reminders of documentation during telephone conversations will be ongoing. Medication boxes and current MARS will be reviewed during all visit.</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/09/2023
NAME OF PROVIDER OR SUPPLIER LEE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 33 WESTON HEIGHTS DRIVE ASHEVILLE, NC 28803	
(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 3 Interview on 5/9/23 with Staff #1 revealed: -Administered the OTC Vitamin D3 daily to Client #2. Client #2's doctor switched Vitamin D medications between Ergocalciferol (vitamin D2) which was administered weekly and Cholecalciferol (vitamin D3) administered daily depending on lab reports. -Client #2 visited his doctor frequently. -Was told by the Licensee that he could add a note to the MAR when medications changed (dosage or quantity) and continue initialing administration on the same line. Interview on 5/9/23 with the Qualified Professional revealed: -Visited the facility monthly and reviewed MARs. -Had never noticed a problem with medications or MARs at the facility. This deficiency constitutes a recited deficiency and must be corrected within 30 days..	V 118	Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS <u>In response to the bullets listed in your letter dated May 23, 2023.</u> Corrective action will began immediately. Corrective action will be completed by Saturday, 7-8-2023. • <u>Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).</u> <i>The attached bathroom to the clients' bedroom will be thoroughly cleaned. The toilet area inside and out will be thoroughly cleaned. The toilet area will be checked routinely to make sure that the toilet, if used, is flushed and there is no splatter of any type of bodily fluids in or around the toilet area. Due to Client #1's Pica disorder, toilet paper, towels and shower curtain cannot be displayed. Client #1 is and will continue to be bathed in the bathroom attached to the clients' bedroom. Client #1 needs full physical assistance with bathing and will tear the shower curtain down if it is left hanging in the clients' bathroom. Staff #1 completes all personal care services for Client #1 in the clients' bathroom attached to the bedroom. Client #2 is bathed in the Master Bathroom and can complete his bath routine with verbal prompts. The bathroom in the hallway will be monitored when used and has toilet paper in this bathroom. Pictures of the cleaned bathrooms will be sent to DHSR noting compliance of the deficiencies cited on May 9, 2023.</i>
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observations and interviews, the facility	V 736	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/09/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 33 WESTON HEIGHTS DRIVE ASHEVILLE, NC 28803
---	---

(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 736	<p>Continued From page 4</p> <p>staff failed to ensure the facility and its grounds were maintained in a safe, clean, orderly and attractive manner. The findings are:</p> <p>Observation and interview with Staff #1 on 5/9/23 at approximately 11:30am of the clients' bedroom revealed both clients laying in their beds watching TV. The attached bathroom was bare with no shower curtain, towels or toilet paper. Staff #1 reported Client #1 had severe PICA and could not be left alone with those items. The toilet was full of feces. Staff #1 reached into the back tank to open the lever to flush the toilet and stated that Client #1 would continually flush the toilet if he left it operable. He reported that Client #1 will use the toilet but would not clean himself. Even after the toilet was flushed the toilet had what appeared to be small dots of feces splattered all around the inside of the toilet bowl. The carpet and walls in the bedroom had various stains and splatters. The comforter on Client #2's bed had several white stains. When asked how often bed clothes were cleaned, Staff #1 reported twice a week. There was also an unclean smell (a combination of urine, feces and body odor) in the bedroom.</p> <p>Interview on 5/9/23 with Staff #1 revealed: -He really did not notice an odor in the clients' bedroom.</p> <p>Interview on 5/9/23 with the Qualified Professional (QP) revealed: -Inspected the facility monthly. -All of her visits were scheduled with Staff #1. -Had not noticed the client bedroom smelled badly or unclean during her visits.</p>	V 736	<p><i>An appointment with Stanley Steemer to have the carpet cleaned in the clients' bedroom and in the hallway leading to the clients' bedroom was scheduled for Saturday, May 27, 2023. The carpet in the clients' bedroom and the hallway leading to the clients' bedroom was cleaned on Saturday, May 27, 2023. The receipt confirming the carpet cleaning by Stanley Steemer will be forwarded when corrective action is completed. The carpet in the clients' bedroom and hallway leading to the clients' bedroom will be cleaned by Stanley Steemer monthly. A copy of the receipt from Stanley Steemer confirming the carpet has been cleaned will be emailed to Summerland Homes monthly. Pictures of the cleaned carpets will be sent to DHSR noting compliance of the deficiencies cited on May 9, 2023.</i></p> <p><i>Wall areas in the clients' bedrooms will be cleaned and pictures of the cleaned walls will be sent to DHSR noting compliance of the deficiencies cited on May 9, 2023.</i></p> <p><i>The bed linens and comforter on client #1 and client #2's beds will be washed twice weekly. If bed linens are soiled at any time, they will be washed immediately and clean linens will be put on the beds.</i></p> <p><i>The stain on client #2's bed is a mark from client #2 drooling on the bed due to sleeping on his stomach and drooling.</i></p> <p>Continued on page 6</p>	
-------	--	-------	---	--

- Indicate what measures will be put in place to **prevent** the problem from occurring again
AFL monthly inspections, announced and unannounced visits, will include a walk-through of the facility by the Qualified Professional and discussions on health and safety issues that are found will be pointed out to be corrected. The AFL Monitoring Visit Form will be documented to address any deficiencies found.
- Indicate **who will monitor** the situation to ensure it will not occur again.
Qualified Professional will review all corrections during the Alternative Family Living monthly inspection to insure health and safety issues are addressed at the time of the visit.
- Indicate how often the monitoring will take place.
Qualified Professionals will discuss health and safety issues with the AFL Provider during the monthly monitoring visit.
- Indicate how often the monitoring will take place.
Monthly monitoring of AFL home, unannounced visits to AFL Home and reminders of health and safety issues during telephone conversations will be ongoing.