

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	<p>RECEIVED</p> <p>MAY 26 2023</p> <p>DHSR-MH Licensure Sect</p>	

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

Mary O'Connell TITLE (X6) DATE
5/19/23

STATE FORM HFV611 If continuation sheet 1 of 6

Operations Manager

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V 105	<p>Continued From page 1</p> <p>needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(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;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(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;</p>	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	<p>Prior to a resident moving from one house to another, a discharge meeting will be held and documented. The Clinical Director and Operations Manager will be responsible for ensuring the meeting is held and documented.</p>	5/16/23
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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> <p>-Bisacodyl (constipation) 5 mg- PRN (as needed) -Benadryl (allergies) 25 mg- PRN -Epinephrine .3mg pen -PRN"</p> <p>Review of client #5's medications revealed: -Bisacodyl and Benadryl were not present in the facility. -Epinephrine .3mg pen was expired as of 9/24/22</p> <p>Interview on 5/4/23 the Registered Nurse stated: -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.</p>	V 118	<p>Biscodyl and Benedryl restocked in the medication cart by RN.</p> <p>RN will monitor weekly medication inventory which is performed by 3rd shift medication staff to ensure all PRN medications are included. RN will check medication cart monthly to ensure all medications including PRN medications are in stock.</p> <p>Expired Epinephrine .3mg pen disposed of.</p> <p>New Epinephrine .3mg pen delivered from pharmacy.</p>	<p>5/4/23</p> <p>5/9/23 and ongoing</p> <p>5/4/23</p> <p>5/5/23</p>
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (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	<p>3rd shift medication staff will check expiration dates on medications during the weekly medication inventory. RN will check the medication cart monthly to ensure medications are not expired.</p>	<p>5/9/23 and ongoing</p>

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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	<p>Streamline Services are scheduled to assess the water heaters and provide recommendations for resolving the water temperature issue.</p> <p>Streamline Services is recommending adding a 3rd tankless water heater. Estimate provided to Regional Maintenance VP.</p> <p>Regional Maintenance VP to obtain additional estimates as needed. Regional Maintenance VP will schedule installation. Work to be completed no later than 7/1/23.</p>	<p>5/18/23</p> <p>5/18/23</p> <p>7/1/23</p>
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