STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-056	A. BUILDING: _____ B. WING _____	06/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW DESTINY	119 PEELE STREET WILLIAMSTON, NC 27892

(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 June 5, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to develop and implement strategies for 1 of 3 audited clients (#2). The findings are:

Review on 5/17/23 & 5/22/23 of client #2's record revealed:
- admitted 9/19/22
- age 18
- diagnoses of Diabetes, Attention Deficit Hyperactivity Disorder, combined, Adjustment Disorder and Opposition Defiant Disorder
- treatment plan dated: 6/16/22 & updated 9/19/22 with the same goals:
- "7/8/22 - update - client has done better with managing her diabetes but continues to need reminders about what is appropriate and not appropriate to eat. Client struggles with portion control and becomes angry when she is reminded..."
- no goals or strategies to address her diabetes management

During interview on 5/23/23 staff #4 reported:
- client #2 ate food items that caused her blood sugars to fluctuate
- will drink soda when not at the facility
- encouraged her to make better food choices

During interview on 5/23/23 staff #7 reported:
- encourage client #2 to cut back on food

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V 112	Continued From page 2 portions During interview on 6/5/23 the Associate Professional/Executive Director reported: - client #2 gets an attitude when staff requests her to do something related to Diabetes - she will ask "why" - does not like to continuous stick herself with needle to check her blood sugars - reluctant at first but would eventually follow through with staff request - on 5/31/23 the educational nurse from the primary care office provided Diabetes information to client #2, she was not attentive - would put her head down on the table during the educational's nurse presentation - will follow up with treatment team to discuss how to better assist client #2 with her Diabetes management	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 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	V 118		

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V 118	Continued From page 3 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 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 observation, record review and interview the facility failed to ensure medications were administered on the written order of a physician & failed to keep MARs current for 1 of 3 audited clients (#2). The facility also failed to ensure 6 of 6 audited staff (#2, #4, #6, #7, Associate Professional/Executive Director (AP/ED) & the Qualified Professional (QP) demonstrated competency in medication administration. The findings are: Cross reference: 10A NCAC 27G .1701 SCOPE (V293). Based on record review and interview the facility failed to coordinate with other individuals and agencies with the child or adolescent's system of care for 1 of 3 audited clients (#2). I. The following is an example of how the facility's staff failed to demonstrate competency in the	V 118		

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V 118	Continued From page 4 area of administering insulin based on carbohydrate (carbs) intake: A. Review on 5/22/23 of a Children's Diabetes Medical Management/Procedures Plan dated 1/5/23 for client #2 revealed: - "please allow patient to self-administer insulin at group home and school - target range for blood glucose 90 - 150mg (milligrams)/dL (deciliter) - Humalog: breakfast carbs ratio: 1 unit for every: 10 grams of carbs - Lunch carbs ratio: 1 unit for every: 10 grams of carbs - Dinner carbs ratio: 1 unit for every: 10 grams of carbs - Correction Insulin (Blood Glucose minus Target) divided by sensitivity factor - Target: 125 & sensitivity factor: 25 - ...for BS below 70, give 15 grams fast-acting carbohydrate and recheck blood sugar (BS) in 15 minutes...if BS is still below 70, treat again with 15 grams of fast-acting carbohydrate..." Review on 5/22/23 of a physician's note dated 1/5/23 for client #2 revealed: - Nature of visit: Type I Diabetes follow up - "good control" During interview on 5/19/23 client #2 reported: - administered her insulin based on carbs intake for approximately a year - calculated the carbs intake based on the food labels or internet search the food item for the amount of carbs - would help if she wrote down the carbs that way she would not have to internet search each time - used staff phone to calculate the carbs - staff monitored while she internet search the	V 118		

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V 118	Continued From page 5 carbs on their phones & administered the insulin During interview on 5/23/23 staff #4, #6 and #7 reported: - monitored client #2 while she checked her BS (blood sugar) and administered insulin - was not familiar with how to calculate the carbs count to administer the insulin - do not document the carbs intake During interview on 5/23/23 & 5/31/23 the AP/ED reported: - when client #2 was admitted to the facility, she was able to count her carbs & self administer her own insulin - used staff phone to calculate her carbs intake - staff do not document client #2's daily carbs intake - was not familiar with how client #2 administered her insulin based on carbs count During interview on 5/23/23 the QP reported: - client #2 was "18 years old ...she knows how to calculate the formula to administer her insulin" - was not familiar with the carbs formula client #2 used to administer insulin B. Review on 5/31/23 of the facility's medication count sheet for client #2 for May 2023 revealed: - BS were checked 3 times a day (breakfast, lunch & dinner) - BS were below 70 twelve times - no times documented when BS were checked or rechecked - No issues with BS in the morning (breakfast) Lunch - 5/13/23- 56 - 5/20/23 - 51 - 5/21/23- 56 Dinner	V 118		

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V 118	Continued From page 6 - 5/6/23 - 53 - 5/9/23 - 62 - 5/12/23 - 69 - 5/21/23 - 51 - 5/22/23 - 51 - 5/23/23 - 51 - recheck BS - 108 - 5/25/23 - 58 - recheck BS - 86 - 5/26/23 - 41 - recheck BS 81 - 5/27/23 - 68 - recheck BS 122 During interview on 5/23/23 staff #2 reported: - when client #2 initially came to the facility, staff rechecked her BS if they were low - during an appointment (unknown) she attended with client #2, the nurse inquired why staff rechecked client #2's BS when they were low - the nurse informed her, staff did not have to recheck client #2's low BS - she did not get documentation from the nurse During interview on 5/31/23 the Diabetes Education nurse from the endocrinologist office reported: - was client #2's nurse since January 2022 - her BS were usually "well controlled" - staff faxed over the May 2023 MAR for client #2 - was not "overly concerned" about the low BS - her age and hormones could be the cause of the low BS - there were no reports of seizure activity with the low BS - she did not inform staff not to recheck client #2's BS if below 70 - staff needed to recheck BS to see if additional carbs were needed - if BS was consistently low, she (nurse) needed to be contacted - adjustments could have been needed with	V 118		

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V 118	Continued From page 7	V 118		

the insulin and the carbs intake
- facility had not requested to be educated on client #2's diabetes management or care plan

During interview on 5/31/23 the AP/ED reported:
- all staff will be educated on client #2's diabetes management and care plan

During interview on 6/2/23 the Diabetes Education nurse reported:
- staff were educated on client #2's diabetes management/care plan on 5/31/23 by a zoom call

II. The following is an example of how the facility failed to follow physician orders & keep MARs current:

A. Review on 5/17/23 of client #2's record revealed:
- a physician's order dated 5/9/23: Lantus 100 units use as directed up to 50 units (Diabetes)
- no physician's order for Lantus: Use as directed up to a max dose of 60 units
- no physician's order for Lantus: 6 units at bedtime

Review on 5/17/23 of client #2's January 2023 - May 2023 MAR revealed:
- Inject subcutaneously as directed up to a max daily dose of 50 units

Review on 5/31/23 of the facility's medication count sheet for client #2 from January 2023 - May 2023 revealed:
- "bedtime injection": 6 units

Observation on 5/17/23 at 10:51am of the Lantus medication label for client #2 revealed:
- dispensed 4/19/23
- Use as directed up to a max dose of 60 units

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V 118	Continued From page 8 - 2 insulin pens were missing from the box During interview on 5/22/23 the pharmacist reported: - received order for Lantus up to 60 units on 4/19/23 - on 5/22/23 Lantus decreased back to 50 units - been on 50 units since 9/21/22 - no specific instructions on the medication label - Lantus was usually given at bedtime - staff needed to follow up with client #2's physician for clearer instructions for the Lantus During interview on 5/19/23 client #2 reported: - administered 60 units of Lantus at bedtime - had "always" administered 60 units at bedtime During interview on 5/23/23 staff #2 reported: - a nurse at the 1/5/23 appointment requested client #2 administer 6 units of Lantus at bedtime - did not get any documentation during the 1/5/23 appointment During interview on 5/31/23 client #2's Diabetes Educational nurse from the endocrinologist office reported: - received several calls from staff (unknown) in regards to Lantus - a staff (unknown) called on 5/22/23 and requested an order for Lantus 60 units - called on 5/25/23 & requested a Lantus order for 50 units then 6 units - client #2 can administer up to 60 units of Lantus at bedtime based on carbs intake - she asked staff "6 units at bedtime...big difference from 60 units" - believed client #2 received the correct dosage of Lantus	V 118		

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V 118	Continued From page 9 - the BS numbers "were too good" During interview on 5/31/23 the AP/ED reported: - she reviewed the physician orders and MARs for errors - overlooked the MAR errors & missing orders for the Lantus Review on 6/5/23 of a Plan of Protection dated 6/5/23 written by the AP/ED revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Starting today, June 5, 2023 Uprising Homes Inc. (Licensee) staff will receive a training on Diabetes. The training will be held at New Destiny on June 5, 2023 at 6pm. The RN (Registered Nurse) will be responsible for conducting the training based on the in-service and curriculum developed by [Endocrinology Hospital]. All staff will demonstrate competency by scoring and 80 on the test. All staff that does not score an 80 on the test will have to attend additional training and demonstrate competency before supervising consumer. A copy of the sign in sheet will be filed in the office. A certificate and the test will be placed in the personnel record. Starting today, June 5, 2023, all staff on shift at the time of receiving medication will be responsible for checking the MAR, the label and the medication to ensure that all matches. The RN will review this in the training today on June 5, 2023 at 6pm. Starting today, June 5, 2023, Uprising Homes Inc. AP (AP/ED) will be responsible for ensuring the coordination of care is maintained for all consumers. Documentation of such will be in the form of emails or either face to face with all parties signing a notification of what occurred. Such items will be placed in the consumer record as a correspondence.	V 118		

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V 118	Continued From page 10 Describe your plans to make sure the above happens. AP will be responsible for scheduling, notifying others involved and compiling documentation to demonstrate tasks were complete as stated." Client #2 was admitted to the facility with diagnoses of Diabetes, ADHD, Adjustment Disorder and ODD. She followed a Diabetes Medical Management/Procedures Plan (DMM/PP) from the endocrinologist office. The DMM/PP required blood sugars to be rechecked if below 70 and count carbs after each meal to accurately administer the Humalog insulin. Staff were not familiar with how to calculate the carbs intake to administer the Humalog insulin. Client #2's BS was below 70 twelve times the month of May 2023. Staff rechecked the BS 4 times but did not document times blood sugars were checked and rechecked. Lantus up to 60 units was prescribed April 2023 but the April MAR did not reflect it. January 2023 - May 2023 MARS documented 6 units of Lantus at bedtime, but there were no physician's order for it. Staff failed to coordinate with the school nurse to find out client #2's blood sugar levels, carbs intake & insulin coverage while at school. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for	V 293		

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V 293	Continued From page 11	V 293		

children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.
(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.
(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.
(d) The children or adolescents served shall require the following:
(1) removal from home to a community-based residential setting in order to facilitate treatment; and
(2) treatment in a staff secure setting.
(e) Services shall be designed to:
(1) include individualized supervision and structure of daily living;
(2) minimize the occurrence of behaviors related to functional deficits;
(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;
(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and
(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.
(f) The residential treatment staff secure facility shall coordinate with other individuals and

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V 293	Continued From page 12 agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other individuals and agencies within the child or adolescent's system of care for 1 of 3 audited clients (#2). The findings are: Review on 5/17/23 & 5/22/23 of client #2's record revealed: - admitted 9/19/22 - age 18 - diagnoses of: Diabetes, Attention Deficit Hyperactivity Disorder (ADHD), combined, Adjustment Disorder and Opposition Defiant Disorder (ODD) Review on 5/23/23 of the facility's BS (blood sugar) log for client #2 revealed: - breakfast, lunch and dinner injection - no documentation of carbs (carbohydrates) intake Review on 5/19/23 of the school's BS form for client #2 revealed: - at the top of the form: date, time of BS, insulin coverage for correction, total grams of carbs eaten, insulin coverage for carbs eaten,	V 293		

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V 293	Continued From page 13 total amount of insulin given, time insulin given & nurse initials During interview on 5/19/23 the school's Registered Nurse (RN) reported: - client #2 followed a formula to administer her Humalog insulin at lunch - printed out the lunch menu for client #2 to count her carbohydrate (carbs) intake - if the food item was not listed on the menu, client #2 Google the food item for the carbs count - would recommend staff document her carbs intake daily - it was a check and balance for the insulin intake - client #2 needed support to ensure she received the accurate amount of insulin - "she's still a teenager" - "took a lot of time" to ensure client #2 administered the correct amount of insulin based on the carbs count During interview on 5/31/23 the Associate Professional/Executive Director reported: - she reached out to the school RN today - the RN agreed to give a copy of the school's form to assist client #2 with carbs count and insulin intake - had not previously reached out to the school to follow up with client #2's BS levels This deficiency is cross referenced into 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118) for a Type B rule violation and must be corrected within 45 days.	V 293		