Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL082-060 B. WING 05/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **508 ROYAL LANE** MERCY CARE I CLINTON, NC 28328 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on May 10, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 V114 It was stated that this rule was not met and that our facility failed to have fire and disaster 10A NCAC 27G .0207 EMERGENCY PLANS drills held at least quarterly ad repeated on each AND SUPPLIES shift, no drills documented on 4th and 5th (a) A written fire plan for each facility and weekend shifts 1st, 2nd and 3rd quarters and 1st and 5th weekend shifts on 1st and 5th weekends area-wide disaster plan shall be developed and of 4th quarter. Mercy Care staff has performed 6-9-2023 shall be approved by the appropriate local fire and disaster drills according to rules by authority. performing fire and disaster drills (b) The plan shall be made available to all staff 7a-3p,3p-11p,11p-7a M-F. The same staff works and evacuation procedures and routes shall be on the weekends and have participated in the posted in the facility. drills M-F on the 8 hr shifts. Also we only have 1 (c) Fire and disaster drills in a 24-hour facility staff that works 12 hours 7a-7p and 7p-7a on the shall be held at least quarterly and shall be weekends all the other staff works on 6-8 hours either mornings and evenings or both. Mercy repeated for each shift. Drills shall be conducted Care will start having the 12 hour staff doing drills under conditions that simulate fire emergencies. on the weekends. (d) Each facility shall have basic first aid supplies accessible for use. DHSR - Mental Health JUN 26 2023 This Rule is not met as evidenced by: Based on record review and interview the facility Lic. & Cert. Section failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 5/10/23 of facility records from 4/1/22 -

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

TITLE

Executive Director

(X6) DATE 6-5-2023

STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

MHL082-060

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

R

05/10/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## MERCY CARE I

508 ROYAL LANE CLINTON, NC 28328

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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 114	3/31/23 revealed: -1st quarter (4/1/22 - 6/30/22): No fire or disaster drills documented on the 4th and 5th (weekend) shifts2nd quarter (7/01/22 - 9/30/22): No fire or disaster drills documented on the 4th and 5th (weekend) shifts3rd quarter (10/01/22 - 12/31/22): No fire or disaster drills documented on the 4th and 5th (weekend) shifts4th quarter (1/01/23 - 3/31/23): No fire or disaster drills documented on the 1st and 5th shifts.  Interview on 5/10/23 the Director stated: -There were 5 shifts throughout the week1st shift was 7am - 3pm (Monday - Friday)2nd shift was 3pm - 11pm (Monday - Friday)3rd shift was 11pm - 7am (Monday - Friday)4th shift was 7pm - 7am (Weekends)5th shift was 7pm - 7am (Weekends)Moving forward, she would ensure that weekend shifts were covered in fire and disaster drills.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
	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.			

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STATE FORM

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PRINTED: 05/25/2023 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL082-060 B. WING 05/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **508 ROYAL LANE** MERCY CARE I CLINTON, NC 28328 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 118 | Continued From page 2 V 118 V118 This rule is not met as evidenced by findings on 5-10-23.Mercy Care Inc's Executive Director (3) Medications, including injections, shall be and Director will remind staff of the importance of administered only by licensed persons, or by documentation of Medications according their 6-9-2023 unlicensed persons trained by a registered nurse, Medication Administration Training and monitor pharmacist or other legally qualified person and them closely to ensure all medications are documented and given according to doctors privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of orders. 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 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 reviews and interview, the facility failed to keep the MARs current affecting 3 of 3 clients (#1. #2, and #3). The findings are:

Finding #1:

- 46-year old female - Admission date of 3/27/17

Review on 5/10/23 of client #1's record revealed:

- Diagnoses of down syndrome, hypothyroidism, hyperglycemia, and congenital heart disease

Review on 5/10/23 of physician orders for client

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AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			MHL082-060	B. WING _		COMPLETED  R 05/10/202  DE  OVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE COMP		
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P	X4) ID REFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE		
	V 118	Continued From page	ge 3	V 118				
		- 12/20/22 - Furoser milligrams (mg)- 1 ta - 2/28/23- Levothyro 25 micrograms (mco	•					
		through May 2023 M blanks: - Furosemide 40mg - Levothyroxine 25m	of client #1's February 2023 IARs revealed the following - 4/16/23 at 8am. acg - 4/3/23 at 7am.					
		<ul> <li>- 69-year old male</li> <li>- Admission date of including the control of the control of</li></ul>	of client #2's record revealed:  7/30/08  oral palsy, intellectual  illity - mild, severe major  chotic features, diabetes,  ures, and hypertension.					
		client #2 dated 11/28 - Metformin (treats hi tab every morning Vitamin D (treats vit (2000iu) - 1 tab daily Simvastatin (treats tab every evening Baclofen (treats spadaily.	igh blood sugar) 500mg - 1 famin D deficiency)50mcg high cholesterol) 40mg - 1 fasticity) 10mg -1 tab 3 times gastroesophageal reflux)					
		through May 2023 MA blanks:	client #2's February 2023 ARs revealed the following 4/3/23, 4/22/23,and 4/23/23 4/16/23 at 8am.					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL082-060 05/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **508 ROYAL LANE** MERCY CARE I CLINTON, NC 28328 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 | Continued From page 4 V 118 - Simvastatin 40mg - 4/9/23 at 8pm. - Baclofen 10mg - 3/31/23 and 4/25/23 at 12pm. - Omeprazole 10mg - 2/4/23 and 2/14/23 at 6am. Finding #3: Review on 5/10/23 of client #3's record revealed: - 55-year old male - Admission date of 10/01/08 - Diagnoses of intellectual developmental disability - mild, dysthymia, hypothyroidism, obesity, and antisocial disorder Review on 5/10/23 of physician orders for client #3 dated 9/21/22 revealed: - Meloxicam (treats arthritis) 15mg - 1 tab daily. Review on 5/10/23 of client #3's February 2023 through May 2023 MARs revealed the following blanks: - Meloxicam 15mg - 3/26/23 at 8am. Interview on 5/10/12 the Director stated: - She would review documentation protocol with staff. Due to the failure to accurately document medication administration it could not be determined if client #1, #2, and #3 received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

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