


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-196	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2023
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NAME OF PROVIDER OR SUPPLIER VOCA-GINGER DRIVE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 604 GINGER DRIVE KINGS MOUNTAIN, NC 28086
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on June 13, 2023. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 6/12/23 and 6/13/23 of the facility fire</p>	V 114	<p>In-Service staff on drill schedule. Created a grid comparable to the one on the State uses to document drills. Residential Manager will monitor drills. and document on the grid to update. drills. QP will monitor grid monthly. before safety meeting to ensure the correct drills are being run for that month.</p> <p>DHSR - Mental Health</p> <p>JUN 27 2023</p> <p>Lic. & Cert. Section</p>	06/20/23

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Program Manager	(X6) DATE 6/20/2023
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V 114	<p>Continued From page 1</p> <p>and disaster records from 7/1/22 to 6/13/23 revealed:</p> <ul style="list-style-type: none"> -Quarter 7/1/22 to 9/30/22: <ul style="list-style-type: none"> -Fire drills were not documented for second and third shift. -Disaster drills were not documented for third shift. -Quarter 10/1/22 to 12/31/22: <ul style="list-style-type: none"> -Fire drills were not documented for third shift. -Quarter 1/1/23 to 3/31/23: <ul style="list-style-type: none"> -Fire drills were not documented for first shift. <p>Interview on 6/13/22 with the House Manager revealed:</p> <ul style="list-style-type: none"> -Took over as House Manager in August 2022. -Responsibilities included making sure fire and disaster drills were completed. -The facility had a form to track fire and disaster drills. <p>Interview on 6/13/23 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Started working at the facility in March 2023. -Responsibilities included signing and filing the fire a disaster drills. -The drills were reviewed at a monthly safety meeting. <p>Interview on 6/13/23 with the Program Manager revealed:</p> <ul style="list-style-type: none"> -Became Program Manager in October 2022. -Had a calendar indicating fire and disaster drills were to be done monthly on rotating shifts. -Monthly safety meetings were conducted to review drills. -The House Manager and the QP were new to their positions. 	V 114		

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V 123	Continued From page 2	V 123		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility failed to ensure medication errors were reported immediately to a physician or pharmacist for 1 of 3 audited clients (client #3). The findings are:</p> <p>Review on 6/12/23 of client #3's record revealed: -Admitted 11/19/15. -Diagnoses: Mild Intellectual Developmental Disability, Bipolar Disorder, Hyperlipidemia, Vitamin D Deficiency, and Dysmetabolic Syndrome X Legally Blind. -12/16/22 Physician's order for Fluticasone Propionate 50 micrograms (mcg) (allergies) - 2 sprays in each nostril once daily. -6/1/23 Physician's order to discontinue Fluticasone Propionate 50 mcg allergies) - 2 sprays in each nostril once daily. -No documentation the physician or pharmacist was notified of the medication error/refusal for client #3.</p>	V 123	<p>Staff were in-serviced 6/20/2023 on proper protocol for med refusal. Staff will fill out an incident report and a med error report when consumer refuses meds. They will call the doctor, and include who they spoke to on the incident report. They are also report any refusal to the Residential Manager. They are then to fax the med error and incident report to the doctor. If it is after hours they are still to fax both the med error and incident report to the doctor. If after hours, they are to call Pharmacy Alternatives for advice. Residential Manager will view Quickmar daily to ensure any refusals are being properly documented.</p>	

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V 123	<p>Continued From page 3</p> <p>Review on 6/13/23 of client #3's Medication Administration Record (MAR) for April 2023 to June 2023 revealed: -April 2023 refused Fluticasone Propionate 50 mcg every day. -May 2023 refused Fluticasone Propionate 50 mcg every day.</p> <p>Interview on 6/13/23 with the House Manger revealed: -Responsible for reviewing the MAR for medication errors.</p> <p>Interview on 6/13/23 with the Qualified Professional (QP) revealed: -Staff were trained to inform the House Manager of medication errors. -To inform the doctor of medication errors, " ...here lately I have been calling..." -There is no documentation of contact with the physician.</p> <p>Interview on 6/13/23 with the Program Manager revealed: -"When a consumer refuses (medication) we are to do an incident report and medication error report ..." -Medication error report was supposed to be faxed to the doctor if after hours. Staff would call during hours and document on the report, " ...this is what was supposed to happen."</p>	V 123	<p>QP will follow up two times weekly to ensure all errors are being double checked. She will do this on Monday and Friday of each week.</p>	06/20/2023
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a</p>	V 131		

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V 131	Continued From page 4 health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 1 of 3 audited staff (Qualified Professional (QP)). The findings are: Review on 6/13/23 of the QP's personnel record revealed: -Hire date: 2/8/23 -Job title: QP -HCPR check was not completed. -Nurse Aide Abuse Registry was checked on 2/2/23. Interview on 6/13/23 with the Program Manager revealed: -Human Resources (HR) was responsible for completing HCPR checks. -"HR tells you if they are hireable or not." -Had been told by HR that the new system only checks the Nurse Aide Abuse Registry.	V 131	HR will check to ensure HCPR are ran before hire. Program Manager will follow up to ensure Nurse Aide Registry, Medication Aide Registry, and Health Care Personnel Registry are all included in background check for all new hires.	06/20/2023