Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-161	A. BUILDING: ______ B. WING ______	R 06/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING WAY 118	118 CARING WAY SHELBY, NC 28150

(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 — V 000

An annual and follow up survey was completed on June 12, 2023. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.

V 117 27G .0209 (B) Medication Requirements — V 117

10A NCAC 27G .0209 MEDICATION REQUIREMENTS
(b) Medication packaging and labeling:
(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;
(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;
(3) The packaging label of each prescription drug dispensed must include the following:
(A) the client's name;
(B) the prescriber's name;
(C) the current dispensing date;
(D) clear directions for self-administration;
(E) the name, strength, quantity, and expiration date of the prescribed drug; and
(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing

Provider's Plan of Correction:

- A bulletin will be placed in every group home today (6/6/2023) which states that ANY STAFF who notices ANY BLANKS on an MAR must immediately notify their Home Manager who will then notify Qualified Professional. Home Manager will notify staff who needs to complete documentation, and QP will follow up with Home Manager to ensure this is completed as soon as possible. — 6/6/2023
- Qualified Professional will visit every group home at least two times per month to look over medication documentation. QP visit will ensure that any problems with medications can be found and fixed. — 6/19/2023
- When any medication is hand written on the M.A.R. (because the medication is new or different from what has been pre-printed by pharmacy), Home Manager who writes this medication on the M.A.R. must take a picture of hand written medication on M.A.R. and send to QP so that QP can ensure all elements are written. (Drug name, dosage, route, time to be given, quantity to be given). A posting will be placed in each home which shows an example of the elements that should be included. This includes both medications that are prescribed during the month, accidentally left off of pre-printed M.A.R. by pharmacy, or given as samples. As a general rule, "samples" are discouraged to ensure proper packaging and labeling. — 6/19/2023
- Nurse will increase oversight of new hires (or staff who have medication errors) by using different technique of demonstrating med passes with bubble packs and M.A.R.s. Home Managers will be expected to let Human Resources know if staff need to have extra training with the nurse. Medication Administration test will be changed to have a place where nurse can check (document) that the staff has demonstrated the steps of medication administration. This change to Medication Administration test was made effective 6/9/2023, and will continue at each medication administration training. — 6/08/2023
- All staff covering any residential shift must do required medication administration duties. If staff are incapable of (or not qualified to) give medications correctly, they will not be able to work shift at a group home. Because of staffing concerns, there is no way to guarantee double staffing, so ALL staff must be competent in medication administration. NO STAFF will dispense medications for another staff. (Staff #2 has been retrained and is now accurately and confidently administering medications). — 6/09/2023

DHSR - Mental Health
JUL 12 2023
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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V 117	Continued From page 1 practitioner. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to maintain pharmacy packaging labels as required for each prescription drug dispensed for 1 of 3 audited clients (Client #3). The findings are: Review on 6/2/23 of Client #3's record revealed: -Date of Admission 8/1/10. -Diagnoses: Prostatic Hypertrophy, Obesity, Hypertriglyceridemia, Intermittent Explosive Disorder, Mild Intellectual Developmental Disability and Paranoid Personality Disorder. -Physician's order dated 3/29/23 for Lybalvi (Olanzapine/Samidorphan) (antipsychotic) 15 milligrams (mg)/ 10 mg- take one tablet by mouth at bedtime. Observation on 6/5/23 at 10:11 am of Client #3's medications revealed: -A medication bottle labeled as Lybalvi 15 mg/ 10 mg. -The label did not contain: -The client's name. -The prescriber's name. -The current dispensing date. -Clear directions for self- administration. -The name, address, and phone number of the pharmacy or dispensing location, and the name of the dispensing practioner. Interview on 6/7/23 with the Qualified	V 117		

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V 117	Continued From page 2 Professional #2 (QP) revealed: -The Lybalvi was a sample from the doctor. -There should have been a packaging label. -From now on there will be a label from the doctor or the pharmacy.	V 117		
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 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.	V 118		

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V 118	Continued From page 3	V 118		

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to ensure medications were administered on the written order of a physician and failed to keep MARs current for 3 of 3 audited Clients (#1, #2 and #3). The facility also failed to ensure 2 of 3 audited staff (the House Manager (HM) and Staff #2) demonstrated competency in medication administration. The findings are:

Review on 6/2/23 of Client #1's record revealed:
- Admission date 5/30/14.
- Diagnoses: Hypertension, Gastroesophageal Reflux Disease, Mild Renal Insufficiencies, High Cholesterol, Lipoma, Schizophrenia Paranoid Type, Mild Intellectual Developmental Disability, Personality Disorder, Psychotic Disorder and Alcohol Abuse.

Review on 6/5/23 of Client #1's physician's orders dated 9/26/22 revealed:
- Aripiprazole 15 milligrams (mg): take one tablet by mouth daily (mood stabilizer).
- Multivitamin Adults 50+: take one tablet by mouth daily (supplement).
- Sertraline Hydrochloride (HCL) 100 mg: take one tablet by mouth daily (mood stabilizer).
- Clonidine HCL 0.1 mg: take one tablet by mouth daily at bedtime (hypertension).
- Benztropine mesylate 2 mg: take one tablet by mouth twice daily (tremors).
- Clomipramine HCL 25 mg: take two tablets by mouth daily at bedtime (obsessive compulsive

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V 118	Continued From page 4	V 118		

disorder).
- Trazodone HCL 100 mg: take two tablets by mouth daily at bedtime (antidepressant).
- Olanzapine 15 mg: take one tablet by mouth daily at bedtime (antipsychotic).
- Lorazepam 1 mg: take one tablet by mouth twice daily (anxiolytic).

Review on 6/5/23 of MARs dated April 2023 through June 5, 2023 for Client #1 revealed:
- There was no documentation of benztropine mesylate 2 mg being administered from 6/2/23 through 6/5/23.

Review on 6/2/23 of Client #2's record revealed:
- Date of admission: 7/1/14.
- Diagnoses: Hypothyroidism, Hyperlipidemia, Essential Primary Hypertension, Autistic Disorder, Moderate Intellectual Developmental Disability, and Morbid Severe Obesity.

Review on 6/5/23 of Client #2's physician's orders dated 9/8/22 revealed:
- Haloperidol 5 mg: take one tablet by mouth three times daily and one tablet as needed for agitation (antipsychotic).
- Olanzapine 20 mg: take one tablet by mouth daily in the evening (antipsychotic).
- Levothyroxine Sodium 88 micrograms (mcg): take one tablet by mouth daily (hypothyroidism).
- Vitamin D3 2000 units: take one tablet by mouth daily (supplement).
- Verapamil Extended Release (ER) 180 mg: take one tablet by mouth daily with food (hypertension).
- Atorvastatin Calcium 40 mg: take one tablet by mouth daily at bedtime (cholesterol).
- Farxiga 10 mg: take one tablet by mouth daily in the morning (diabetes).
- Loreev Extended Release (XR) 2 mg: take two

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tablets by mouth daily in the morning (anxiolytic).
- Clonidine HCL 0.1 mg: take one tablet by mouth daily at bedtime (hypertension).
- Fluoxetine HCL 40 mg: take one tablet by mouth daily (mood stabilizer).
- Topiramate 100 mg: take one tablet by mouth twice daily (hypertension).
- Lamotrigine HCL 500 mg: take one tablet by mouth twice daily (anti-seizure).
- Metformin HCL 500 mg: take one tablet daily with morning meal (blood sugar).
- Austedo 12 mg: take two tablets by mouth twice daily (tremors).
- Ketoconazole 2% shampoo: apply topically twice weekly with at least three days in between shampooing (antifungal).

Review on 6/5/23 at 10:24 am of MARs dated April 2023 through June 5, 2023 for Client #2 revealed:
-There was no documentation of the medication Levothyroxine Sodium 88 mcg being administered on 6/5/23 at 7:00 am as scheduled on the MARs.
-There were no instructions for the route of administration for the medication Austedo 12 mg.

Review on 6/2/23 of Client #3's record revealed:
- Date of admission 8/1/10.
- Diagnoses: Prostatic Hypertrophy, Obesity, Hypertriglyceridemia, Intermittent Explosive Disorder, Mild Intellectual Developmental Disability, and Paranoid Personality Disorder.

Review on 6/5/23 of Client #3's physician's orders dated 3/29/23 revealed:
- Trazadone 150 mg: take one tablet by mouth at bedtime (antidepressant).
- Montelukast 10 mg: take one tablet by mouth at bedtime (anti-inflammatory).

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V 118	Continued From page 6	V 118		

- Leader (LDR) multivitamin: take one tablet by mouth daily (supplement).
- Olanzapine 15 mg: take one tablet by mouth at bedtime (antipsychotic).
- Tamsulosin 0.4 mg: take one capsule by mouth daily (urinary retention).
- Venlafaxine 150 mg: take one capsule by mouth twice daily (antidepressant).
- Fenofibrate 160 mg: take one tablet by mouth daily (cholesterol).
- Fluticasone propionate 50 mcg: Use one spray in each nostril twice daily (nasal spray).
- Buspirone 15 mg: take one tablet by mouth twice daily (anxiolytic).
- Metformin 500 mg: take one tablet by mouth daily with dinner (blood sugar).
- Oxybutynin Chloride 5 mg: take one tablet by mouth twice daily (urinary conditions).
- Lybalvi (Olanzapine/Samidorphan) 15 mg/ 10 mg: take one tablet by mouth daily at bedtime (antipsychotic).

Review on 6/5/23 of MARs dated April 2023 through June 5, 2023 for Client #3 revealed:
-There was no documentation of the medication Oxybutynin Chloride 5 mg being administered on 6/2/23.
-There were no instructions for the route of administration for the medication Lybalvi 15 mg/ 10 mg.

Interview on 6/5/23 with Staff #2 revealed:
-Trained in medication administration.
- The House Manager (HM) would pre-pour clients #1, #2 and #3's medications into cups and place them in a locked cabinet before he arrived for work.
- Staff #2 would take the cups from the cabinet the next morning and administer the medications to clients.

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V 118	Continued From page 7	V 118		

- When he administered medications, he did not document the MARs.

Interview on 6/6/23 with the HM revealed:
-Trained in medication administration.
- Staff #2 had a traumatic brain injury.
- Staff #2 did not feel comfortable removing medications from the packaging for administration.
- "...so what I do is pull the meds (medications) and let him (staff #2) give them in the morning..."
- Staff #2 would administer morning medications and would not update the MARs.
- When she arrived for work, she would initial medications as administered on the MARs even though they were given by Staff #2.
- She made the decision to not follow protocol.
-"...I know it's not what we are supposed to do.... we are short staffed... I take full responsiblity for this."
- Management was not made aware of her decision to document the MARs for Staff #2.

Interview on 6/5/23 with the Qualified Professional (QP) #2 revealed:
- Going forward, if staff notices a blank on the MARs they will notify her.
- HM will take a photo of any medication hand written on the MAR and send it to the QP for verification of all administration instructions.
- The Registered Nurse (RN) will begin a new demonstration technique while training staff to include testing with "bubble packs" and MARs.
-All staff will be expected to give medications and document that they have given these medications right after doing so.

This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

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V 736	Continued From page 8	V 736		
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 observation and interviews the facility was not maintained in a safe, clean, attractive and orderly manner and was not kept free from offensive odor. The findings are:	V 736		
	Observation on 6/5/23 at 9:40 am of the facility revealed: -The blind on Client #1's window had approximately 10 missing louvers. Some louvers were bent and 18 louvers had pieces missing.		Blinds on Client #1's window has been removed and will be replaced with curtains which were selected by Client #1 next week (by July 7, 2023)	7/6/2023
	-Client #3's bedroom had a strong urine odor.		Client #3's bedroom was cleaned and urine odor has been resolved.	6/6/2023
	-There was a clear liquid on the floor around the base of the toilet.		Toilet in client #3's bathroom has been repaired and is in working order.	6/12/2023
	-The sink in Client #3's bathroom did not drain and had standing water.		Sink in client #3's bathroom has been repaired and is draining well and in working order.	6/12/2023
	-There was a shoe rack with a TV on top of it. -There were 2 basketball racks with 16 basketballs on each rack behind the shoe rack blocking Client #3's bedroom window.		Client #3's bedroom shoe rack, tv, basketball racks have been moved so that he has easy access to window.	6/9/2023
	-Client #2's bedroom door was missing. Interview on 6/7/23 with Client #3 revealed: -He could move items out of the way and go out of the window if there was a fire.		Client #2's bedroom door is still missing due to property destruction behaviors which may be related to anxiety and autism. Client #2 is not able to verbalize why he doesn't like having a bedroom door. Client #2's bedroom doorway is covered by 2 window panels instead of 1 so that the entire area is covered and privacy is ensured.	6/12/2023

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V 736	Continued From page 9 -The racks of shoes and basketballs had already been moved out of the way by staff on 6/6/23. Interview on 6/6/23 and 6/7/23 with the House Manager (HM) revealed: -Client #3 would sometimes urinate before making it to the bathroom. -Staff would clean up after Client #3 immediately if he urinated before making it to the bathroom. -Would call a plumber to fix the sink in Client #3's bathroom. -In the case of an emergency, Client #3 "...was capable of moving the basketballs and racks from under the window and climbing out of it no problem." -The shoe rack and basketball racks had been moved from in front of Client #3's bedroom window on 6/6/23. Interview on 6/5/23 with the Qualified Professional (QP) #2 revealed: -The blinds in Client #1's bedroom would be replaced. -She would have staff move the shoe rack and basketball racks away from Client #3's window. -"...He (Client #3) takes direction really well, and if he needed to get out of the window, he would move those things (shoe rack and basketball racks) out of the way to get out."	V 736		
V 742	27G .0304(a) Privacy 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities.	V 742		

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V 742	Continued From page 10	V 742		

This Rule is not met as evidenced by:
Based on record review, observation and interviews, the facility failed to provide privacy while dressing for 1 or 3 audited clients (Client #2). The findings are:

Record review on 6/5/23 of Client #2's record revealed:
-Date of Admission 7/1/14.
-Diagnoses: Hypothyroidism, Hyperlipidemia, Essential Primary Hypertension, Autistic Disorder, Moderate Intellectual Developmental Disability and Morbid Severe Obesity.

Observation on 6/5/23 at approximately 9:50 am during the facility walk-through revealed:
-Client #2's bedroom did not have a door.
-A gray sheet with baseballs, basketballs, footballs, and numbers on it was hung up in place of the bedroom door.
-The sheet was not wide enough to fully cover the doorway.
-There were gaps on both sides of the sheet when it was fully extended.
-Client #2's bedroom window did not have any type of window covering.
-Client #2's bedroom was on ground level of the facility and there were sister facilities within view.

Attempted interview on 6/5/23 with Client #2 revealed:
-He was unable to verbalize what happened to his bedroom door.

Interview on 6/5/23 with Staff #2 revealed:
-Did not know the reason Client #2 had no bedroom door.

Interview on 6/5/23 with Staff #3 revealed:

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V 742	Continued From page 11 -Client #2 is Autistic and does not like doors. -Client #2 destroyed blinds. -There had not been a door to Client #2's bedroom for 3 years. -Staff "...took the door and blinds away to eliminate the threat of him (Client #2) destroying it..." Interview on 6/5/23 with the House Manager (HM) revealed: -"...[Client #2's] door has been gone for about 2 years because he does not want one. He also tears the blinds off, they have been gone since August of last year..." Interview on 6/5/23 with the Qualified Professional (QP) #2 revealed: -Client #2 had some recent aggressive behaviors at the day program within the last few months. -Client #2 had a history of destroying property.	V 742		