

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL097-071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPARTA ROAD HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>77 SPARTA ROAD NORTH WILKESBORO, NC 28659</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on July 25, 2023. The complaints were unsubstantiated (Intake #'s NC00204577, NC00204598 and NC00204629). No 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>The facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 deceased client.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills;</p>	V 110		

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

TITLE

(X6) DATE

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V 110	<p>Continued From page 1</p> <p>(6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 1 of 3 audited staff (Staff #2) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 7/21/23 of Staff #2's record revealed: -Hired 6/16/23 as Direct Support Specialist/paraprofessional. -6/21/23 - Client Specific Training for Deceased Client (DC) #3.</p> <p>Review on 7/24/23 of DC #3's record revealed: -Re-admission date 2/21/23. -Diagnoses of Moderate IDD, Bipolar Disorder, seasonal allergies, GERD, Personal history of diseases of digestive system (constipation), Diarrhea, Unspecified Acute Kidney failure with Tubular Necrosis, Restlessness and Agitation, Dysphagia Oropharyngeal Phase, Acute Respiratory Failure with Hypoxia, Colostomy Malfunction, Muscle Weakness, Type 2 Diabetes Mellitus without Complications, Gastric contents in other parts of respiratory tract causing Asphyxiation, and Sequela.</p> <p>Review on 7/21/23 of "Nurse [Licensed Practical</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>Nurse] on call events for [DC #3] revealed: -Friday June 30, 2023: 10:28...[p.m.] [Staff #1] called [DC #3] had vomited x's 1 [one time] advised to give a dose of Mylanta and to call back if any more occurred...7:53am and 7:55am [staff]...called [DC #3] is still vomiting stated that he had some more through the night and again this morning...going to call [Residential Team Leader]...take him to ED [Emergency Department]."</p> <p>Interviews on 7/24/23 and 7/25/23 with Staff #1 revealed: -She worked 2nd shift (3:00 p.m. - 11:00 p.m.) on 6/30/23. -DC #3 was "just sick...only thing I can tell you...he was throwing up...2 times after supper...acid reflux...yellowish..." -Called on-call nurse who told her to give DC #3 antacid. -She "gave it to him about 8:00 p.m. to 8:30 p.m." -He did not throw up anymore after that. -Her shift ended at 11:00 p.m.; "Don't know what happened after that..." -When asked if relayed the message to the next shift to call the nurse if DC #3 continued to vomit, she stated, "I sure did."</p> <p>Interviews on 7/21/23 and 7/25/23 with Staff #2 revealed: -She was on 3rd shift on 6/30/23, 11:00 p.m. to 7:00 a.m. -DC #3 "...was real ill...he didn't have strength to get up...threw up on the way to the bathroom...he told me 'I'm weak.'" -He vomited "...about 4 times..." during her shift; His vomit was "...liquid, yellow, like stomach bile and had a distinctive smell..." -She "...stayed up with him all night long...[Staff #1] said she already called the nurse and said to</p>	V 110		

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V 110	Continued From page 3  give stuff in blue bottle [Mylanta]." -She had medication administration training but "...I'm not licensed to give that [Mylanta] so I didn't give it..." -"Since [Staff #1] said she called the nurse...I didn't think I should call 911 since [Staff #1] called the nurse..." -"[Staff #1] did not communicate to me to call the nurse if he [DC #3] continued to throw up during the night."  Review on 7/21/23 of DC #3's "ED to Hosp [Hospital]-Admission (Discharged)" report dated 7/1/23 from the local hospital revealed: -"Caregiver from group home present at bedside notes patient's [DC #3] symptoms started are approximately around 2300 [11:00 p.m.] last night. She reports approximately 10-15 episodes of green-colored emesis since the onset of symptoms...The patient has complained of abdominal pain, which is not typical for him..." -7/2/23 "PORTABLE X-RAY ABDOMEN...Small bowel obstruction..." -7/3/23 "Death summary...patient [DC #3] continued to clinically deteriorate and blood pressure continued to drop...Patient [DC #3] expired..."	V 110		
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	V 118		

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V 118	<p>Continued From page 4</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> </p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to administer medications as ordered and maintain a current MAR for two of three clients audited (Client #2 and Deceased Client #3). The findings are:</p> <p> </p> <p>Review on 7/24/23 of Client #2's record revealed:</p> <p>-Admitted 12/21/23.</p> <p>-Diagnoses of Moderate Intellectual Developmental Disability (IDD), Schizoaffective Disorder, Eating Disorder, Depressive Disorder,</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Obsessive Compulsive Disorder, History of Pulmonary Embolism, Hiatal Hernia, Gastroesophageal Reflux Disease (GERD), Constipation and Appendectomy. -7/10/23 - Physician order to discontinue Buspirone (anxiolytics) 5 milligrams (mg) 2 times a day and start Buspirone 10 mg 2 times a day.</p> <p>Observation on 7/20/23 at 3:00 p.m. of Client #2's medications revealed: -Buspirone 5 mg - 1 tablet 2 times a day - dispensed 6/15/23.</p> <p>Review on 7/21/23 of Client #2's MARs from 7/10/23 to 7/20/23 revealed: -Buspirone 5 mg - 1 tablet 2 times a day was initialed as being administered.</p> <p>Interview on 7/21/23 with the Nursing Supervisor/House Registered Nurse (RN) for the facility revealed: -Client #2's Buspirone 10 mg had to be approved by the Human Rights Committee (HRC) before it could be changed. -Usually the consent covered a range of mg - she wasn't sure if Client #2's consent was covered for 10 mg. -The Qualified Professional (QP) would know this.</p> <p>Interview on 7/25/23 with the QP revealed: -The HRC met on 3/22/23 regarding Client #2's Buspirone and approved the client could receive up to 15 mg. -She was not present on 7/10/23 during the meeting with the "Psych Clinic" with Client #2 when the mg was changed. -There had been no follow-up after the 7/10/23 meeting and therefore the change was not implemented.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Interview on 7/25/23 with the Family Nurse Practitioner - Certified revealed: -It was not a "life or death situation" that Client #2's increase in Buspirone had not started yet. -It "could have improved her [Client #2] anxiety...it depends on the patient...sometimes it doesn't make a difference at all..."</p> <p>Review on 7/24/23 of Deceased Client (DC) #3's record revealed: -Re-admission date 2/21/23. -Diagnoses of Moderate IDD, Bipolar Disorder, seasonal allergies, GERD, Personal history of diseases of digestive system (constipation), Diarrhea, Unspecified Acute Kidney failure with Tubular Necrosis, Restlessness and Agitation, Dysphagia Oropharyngeal Phase, Acute Respiratory Failure with Hypoxia, Colostomy Malfunction, Muscle Weakness, Type 2 Diabetes Mellitus without Complications, Gastric contents in other parts of respiratory tract causing Asphyxiation, and Sequela.</p> <p>Review on 7/21/23 of "Nurse [Licensed Practical Nurse] on call events for [DC #3] revealed: -"Friday June 30, 2023: 10:28...[p.m.] [Staff #1] called [DC #3] had vomited x's 1 [one time] advised to give a dose of Mylanta and to call back if any more occurred...7:53am and 7:55am [staff]...called [DC #3] is still vomiting stated that he had some more through the night and again this morning...going to call [Residential Team Leader]...take him to ED [Emergency Department]."</p> <p>Review on 7/21/23 of DC #3's MAR for 6/30/23 revealed: -"Antacid Sus [Suspension] Mint - Take 15 ml [millimeters] by mouth every 2 hours as needed if less than 100 lbs [pounds]; Take 30 ml by mouth</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>every 2 hours as needed if greater than 100 lbs for indigestion/heart burn/upset stomach...Equiv [Equivalent] to: Mintox."</p> <p>-No initials on 6/30/23 to indicate the medication had been administered.</p> <p>Interview on 7/21/23 with the Nursing Supervisor/House RN revealed:</p> <p>-Mylanta would show as Antacid Suspension Mint on the MAR.</p> <p>-She looked at DC #3's MAR for 6/30/23 and said "...Nope it was not signed off as given..."</p> <p>Interview on 7/24/23 with Staff #1 revealed:</p> <p>-She worked 2nd shift (3:00 p.m. - 11:00 p.m.) on 6/30/23.</p> <p>-DC #3 was "just sick...only thing I can tell you...he was throwing up...2 times after supper...acid reflux...yellowish..."</p> <p>-Called on-call nurse who told her to give DC #3 antacid.</p> <p>-She "gave it to him about 8:00 p.m. to 8:30 p.m."</p> <p>-He did not throw up anymore after that; her shift ended at 11:00 p.m.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if DC #3 received his medication as ordered by the physician.</p>	V 118		