

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/07/2023
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NAME OF PROVIDER OR SUPPLIER SWAIN STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1224 SWAIN STREET N WILKESBORO, NC 28659
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on August 7, 2023. The complaint was substantiated (NC#0020481). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to ensure 3 of 3 staff (Group Home Manager #1 (GHM #1)), Direct Support Professional #2 (DSP #2) and Former Group Home Manager #3 (FGHM #3)) were trained to meet the mh/dd/sa needs of the clients. The findings are:</p> <p>Review on 7/5/23 of the GHM #1's personnel record revealed: -Hire date: 5/28/16. -No evidence GHM #1 had completed training to meet the mh/dd/sa needs of clients #1, #2, and #3.</p> <p>Review on 7/5/23 of the DSP #2's personnel record revealed: -Hire date: 1/3/22. -No evidence DSP #2 had completed training to meet the mh/dd/sa needs of clients #1, #2, and #3.</p> <p>Review on 7/5/23 of the FGHM #3's personnel record revealed: -Hire date: 1/8/23. -No evidence FGHM #3 had completed training to</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>meet the mh/dd/sa needs of clients #1, #2, and #3.</p> <p>Interview on 7/6/23 with the GHM #1 revealed: -No training specifically for each client. -Goals are in the Electronic Medical Record (EMR).</p> <p>Interviews on 7/5/23 and 7/10/23 with the DSP #2 revealed: -Thought client books were located off-site. -Hired to do maintenance but would fill in as direct care " ...a couple of times." -"Mainly" filled in on the specific needs of Client #1, #2, and #3.</p> <p>Interview on 8/4/23 with the FGHM #3 revealed: -Was unsure of all of Client #2's medical needs. -"Wasn't told much about [Client #1's] wheelchair." -Client #2 had a Continuous-Positive Airway Pressure Machine (C-PAP) that he managed, "I don't know anything about taking care of the machine." -Was not sure if Client #2 cleaned his C-PAP machine.</p> <p>Interview on 7/10/23 with the Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L) revealed: -Job title was Executive Director but " ...up until recently I was doing QP work (responsibilities) because I lost a QP. She left at the end of March (2023)." -Was responsible for supervision and staff training. -The EMR would show the goals and considered them client specific training. -Was unable to pull a report from the EMR to show who had signed off on reviewing the goals.</p>	V 108		

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V 108	Continued From page 3 This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be	V 109		

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V 109	<p>Continued From page 4</p> <p>supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 2 Qualified Professionals (Qualified Professional #1/ Executive Director/Licensee (QP #1/ED/L)) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Refer to Tag 108 for failure to meet personnel requirements: -Group Home Manager #1 (GHM #1), Direct Support Professional #2 (DSP #2), and Former Group Home Manager #3 (FGHM #3) were not trained on client needs.</p> <p>Refer to Tag 110 for failure of paraprofessionals to demonstrate competency: -GHM #1, DSP #2, and FGHM #3 failed to maintain client books. -DSP #2 failed to demonstrate knowledge of client needs at doctor appointments. -GHM #1, DSP #2, and FGHM#3 failed to coordinate care for the clients.</p> <p>Refer to Tag 112 for failure to develop and implement treatment strategies: -Client #2 went to wound care twice a week and strategies for wound care were not included in his treatment plan. -Client #2 had a catheter to assist with his</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>Neurogenic bladder and a Continuous-Positive Airway Pressure Machine (C-PAP) to assist with sleep but strategies for use of these were not included in his treatment plan.</p> <p>-Client #3 had health issues and communication needs, but strategies for these were not included in his treatment plan.</p> <p>Refer to Tag 113 for failure to maintain client records:</p> <p>-Client records were not updated and progress toward outcomes was not documented.</p> <p>-Client diagnoses were not consistent across facility documents.</p> <p>Refer to Tag 291 for failure to coordinate medical care for clients:</p> <p>-Limited communication between the facility and the Primary Care Provider-Nurse Practitioner (PCP-NP) led to a lack of coordination of care for the clients.</p> <p>-Limited communication amongst staff led to a lack of coordination of care for the clients.</p> <p>Refer to Tag 540 for failure to ensure client rights to dignity and humane care were implemented:</p> <p>-Client #2's person and room smelled of urine.</p> <p>-Staff failed to ensure Client #2's hygiene was implemented.</p> <p>Review on 6/28/23 and 7/10/23 of the QP #1/ED/L's personnel file revealed: Hire date: 7/1/19.</p> <p>Review on 7/10/23 of the QP #1/ED/L's job description dated 7/1/19 revealed: "The Executive Director will be the person employed to provide and/or coordinate the services to the group home residents, staff, and the day to day operations of the homes operated</p>	V 109		

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V 109	<p>Continued From page 6</p> <p>by Brushy Mountain Group Homes, Inc. (Licensee) ...Responsibilities: ...serves as a liaison within the community and with other agencies serving group home residents ...Supervises group home staff, both time and relief, in managerial and programmatic areas ...assure individual goal plans are developed and implemented for each resident ...maintain contact awareness of the needs of the group home residents, and the resources available to meet these needs."</p> <p>Review on 7/10/23 of the Facility's job description for Qualified Professional (QP) revealed: -"Qualified Professional ...will assist with maintaining services to meet requirements of the state of NC (North Carolina) ...Responsibilities are ...Create and update Person Centered Plans (Treatment Plans) for Person's Served ...To provide other required training to Group Home Managers and other direct care staff as needed ...Stay on top of new state and local LME/MCO (Local Management Entity/Managed Care Organization)requirements."</p> <p>Interviews on 6/28/23, 7/10/23, and 7/12/23 with the QP #1/ED/L revealed: -" ...Up until recently I was doing QP work (responsibilities) because I lost a QP ...She left at the end of March (2023)." -Responsible for supervision and staff training . -Tried to coordinate medical care for clients with GHMs (group home managers). -"We are all responsible for maintaining client books." -Had written up FGHM #3 recently for cleanliness of the facility. -"It was staff's responsibility to know what was going on from doctor appointments for clients; "the after-visit summary is always there."</p>	V 109		

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V 109	<p>Continued From page 7</p> <p>-Regarding ensuring that orders are being followed for the clients, "that is my responsibility." -"Originally [DSP #2] was hired for maintenance ...but has filled in (completing direct care for the clients) at the men's homes." -"[FGHM #3] didn't do a communication log (staff log between shifts)." -"Thought all doctors could see what each other were doing and could pull it up (online)." -Thought PCP-NP had Client #3's information from the other prescribing provider; "Would have thought [PCP-NP] would have automatically gotten that information."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 109		
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>	V 110		

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V 110	<p>Continued From page 8</p> <p>(1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (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 record review and interview, 3 of 3 audited paraprofessionals (Group Home Manager #1 (GHM #1), Direct Support Professional #2 (DSP #2), and Former Group Home Manager #3 (FGHM #3)) failed to knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Refer to Tag 291 for the facility's failure to coordinate care for Clients #1, #2, and #3: -Limited communication between the facility and the Primary Care Provider-Nurse Practitioner led to a lack of coordination of care for the clients #1, #2, and #3. -Limited communication amongst staff led to a lack of coordination of care for the clients.</p> <p>Review on 7/5/23 of the GHM #1's personnel record revealed: -Hire date: 5/28/16.</p>	V 110		

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V 110	<p>Continued From page 9</p> <p>Review on 7/5/23 of the GHM #1's job description signed and dated 5/28/16 revealed: "Responsibilities: ...overseeing that the home is clean, giving instructions and supervision to residents regarding responsibilities for household chores ...being knowledgeable of medical needs of residents, assist residents with doctor, dental, or other appointments, and any emergency procedures that might be required ...assisting residents in development of personal hygiene and care such as cleanliness, grooming ..."</p> <p>Review on 7/10/23 of the DSP #2's personnel record revealed: -Hire date: 1/3/22.</p> <p>Review on 7/10/23 of the DSP #2's job description revealed: "Responsibilities: ...responsible for filling in as needed for full time staff ...overseeing that the home is clean and giving instructions and supervision to residents regarding responsibilities for household chores ...being knowledgeable of medical needs of residents, assist residents with doctor, dental, or other appointments, and any emergency procedures that might be required ...assisting residents in development of personal hygiene and care such as cleanliness, grooming ..."</p> <p>Review on 7/5/23 of the FGHM #3's personnel record revealed: -Hire date: 1/8/23. -Verbal warning documented on 6/8/23 for facility's lack of cleanliness. -Write-up dated 6/13/23 for facility's lack of cleanliness.</p> <p>Review on 8/4/23 of the FGHM #3's job description signed and dated on 1/6/23 revealed:</p>	V 110		

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V 110	<p>Continued From page 10</p> <p>"Responsibilities: ...overseeing that the home is clean and giving instructions and supervision to residents regarding responsibilities for household chores ...being knowledgeable of medical needs of residents, assist residents with doctor, dental, or other appointments, and any emergency procedures that might be required ...assisting residents in development of personal hygiene and care such as cleanliness, grooming ..."</p> <p>Review on 7/6/23 of medical records for Client #1 revealed: -Consult on 3/21/23 with primary care provider-nurse practitioner (PCP-NP) revealed: "patient presents with left leg redness and swollen ...Caregiver (DSP #2) with him states it was just noticed last night ...it is hot to touch ...patient does cry when touched ...he is non-verbal ...at beginning of the visit, stated he had not had fever ...just before leaving states he did have fever last night up to 101 ...Plan: Left foot infection ...refer to ER (Emergency Room)..."</p> <p>Review on 7/12/23 of medical records for Client #2 revealed: -11/7/22: ER visit for Urinary Tract Infection (UTI). -11/9/22: consult with PCP-NP for UTI follow up, "still self-caths (catheterizes) if needs to...UTIs are ...common." -12/11/22: ER visit for UTI. -12/13/22: consult with PCP-NP for Diabetes and Hypertension.</p> <p>Review on 7/12/23 of medical records for Client #3 revealed: -3/14/23: consult with PCP-NP for medication monitoring revealed: "...Current medication list could not be found ...last 2 new meds given at last visit have helped patient ...Caregiver [DSP</p>	V 110		

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V 110	<p>Continued From page 11</p> <p>#2] states these changes are working well ...report from [GHM #1] told presenting caregiver with him today it is working well...Caregiver present unsure ... about appetite ...mood swings ...sleeping ...In group home (facility) book for patient (client), there is no current medication (med) list ...last med list in book is from 3 years ago."</p> <p>-5/3/23: consult with PCP-NP revealed: " ...Patient not appearing well ...staring off into space with tremors ...shaking all over ...nearly drooling ...doesn't appear to control functions with his mouth ...I asked ...caregiver [DSP#2] ...how long he has been like this ...(DSP #2) shrugged his shoulders ...'a while."</p> <p>Interview and observation on 7/10/23 at 2:34PM with the DSP #2 revealed:</p> <ul style="list-style-type: none"> -Hired to do maintenance June of last year. -Had filled in at the facility as direct care staff. -Showed a picture of Client #1's foot from the medical records and DSP #2 responded, "it was bigger than that." -FGHM #3 had been on duty on 3/20/23 when Client #1's foot was swollen and had sent pictures to the QP #1/ED/L. -"That morning (3/21/23) Client #1's foot was swollen and when he got home from the day program it was really bad." -Took Client #1 to the hospital "for swelling ...his foot was swollen, and he couldn't walk." -"He (Client #1) throws stuff and puts his arm up when he hurts (Client #1 is non-verbal)." -He put Client #1's shoe on the day he took him to the PCP-NP and ER for cellulitis, but "it was a fight to get it ...I loosened it and didn't strap it down like usual." -"Takes [Client #2] to therapy (wound care) two times a week ...where they massage and wrap his legs ...his legs have no feeling." 	V 110		

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V 110	<p>Continued From page 12</p> <p>-Took Client #3 to the doctor " ...was told he had anxiety, but he was shaking and foaming at the mouth ...I had to keep a napkin under his chin." -"Last time I took him (Client #3) to [PCP-NP] (5/3/23), I had to hold him up." -Contacted the QP #1/ED/L to come to the doctor "...and "[PCP-NP] chewed [QP #1/ED/L] out." -Client #3's symptoms went "downhill after this for the next two weeks."</p> <p>Interview on 7/6/23 and 7/12/23 with the GHM #1 revealed: -She and DSP #2 "took clients to doctors ...bring their book with them (client book)." -Staff are responsible for keeping the book up to date. -"Not sure if he (Client #2) had a discontinue (d/c) order for his catheter ...he was using a condom style cath ...was having problems with it (rubbing his penis raw) and hadn't used it since." -"Had only used it (cath) for his hygiene ...quit using it about 10-11 months ago." -"Was not sure if Client #2 was shown how to clean it (cath) ... supposed to change it daily." -"When you clean them (catheters) out with vinegar you are supposed to hang them up." -When asked where records were from Client #2's urologist consults, revealed: "It would be in the big (client) book." -Was not sure if records for Client #2's C-PAP (continuous positive airway pressure) were in the client book. -"[Client #3]'s shaking and anxiety got worse ...didn't eat as much ...couldn't hold anything ...he was shaking so bad ...it progressed." -"Me and [QP #1/ED/L] discussed it many times ...at that point [Client #3] was seeing [PCP-NP] every two weeks ... [PCP-NP] didn't catch it ...the neurologist did." -"[QP #1/ED/L] has gone over communication,</p>	V 110		

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V 110	<p>Continued From page 13</p> <p>and we are supposed to document doctor calls and visits ...but I guess I'm not doing it ...it's on me."</p> <p>Review on 7/12/23 of Client #2's record revealed: -No information regarding his CPAP or Urology records.</p> <p>Interview on 8/4/23 with the FGHM #3 revealed: -Worked at the facility as a GHM. -"[GHM #1] normally ran the appointments, and [QP #1/ED/L] did the ER visits." -Was working when Client #1's foot was swollen. -"His foot was always swollen." -"When he got home, [Client #1] sits down and takes off his socks and shoes ...foot still looked red ...I have a picture in my phone that I sent to [GHM #1] and [QP #1/ED/L] that night." -Client #1 "wasn't acting like it was hurting ...asked another client (Client #4) if he heard anything in [Client #1's] room to come get me." -"Between [Client #4] and [Client #2] they would come get me if anything happened." -Contacted GHM #1 for help and GHM #1 told him to "check his temperature, (complete) a COVID test, and to elevate his feet." -"His temperature was right at 100 maybe a little over 101F (Fahrenheit)." -"Didn't remember how the next morning went ...I was able to get him in the shower." -Client #1 pointed to his wheelchair when he got him out of bed. -"He wasn't acting in pain ...just didn't want to try (to walk)." -Client #1 went to day program that day. -Was not involved in taking clients to doctors. -Notes were on the Electronic Medical Record (EMR), "per person per day." -"Checked [Client #2] for skin breakdown at least every other day if not every day."</p>	V 110		

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V 110	<p>Continued From page 14</p> <p>-Client #3 had symptoms of shakingand drooling, "no more than a week and a half ...at first they were not bad."</p> <p>-"One night, I was outside (the facility) and saw [Client #3] was laying in the floor with the lights on (in his bedroom) ...I checked on him he said he was 'ok' ...I asked if he wanted to get in bed, he did and got in bed I turned off the light and shut the door ..."</p> <p>-Did not report the incident of Client #3 being found on the floor and "I don't recall if I wrote it in EMR."</p> <p>-Client #3 was found on the floor "maybe a couple days after [QP #1/ED/L] took [Client #3] to ER."</p> <p>-Didn't document Client #3's foot swelling in the EMR.</p> <p>-"Told me EMR is not for medical (information)," but would not clarify who told him this information.</p> <p>Interview on 6/27/23, 7/6/23, and 7/12/23 with the PCP-NP revealed:</p> <p>-Client #3 came into the office by himself without staff coming back in the appointment room, but "he can't speak for himself."</p> <p>-DSP #2 brought Client #1 in with his leg/foot swollen on 3/21/23.</p> <p>-"[Client #1]'s leg and foot were red and swollen ...[Client #1] can't verbalize pain."</p> <p>-"When I touched his (Client #1) leg, he slapped my arm."</p> <p>-DSP #2 told PCP-NP that staff had noticed the swelling from the previous night.</p> <p>-"[DSP #2] had crammed his (Client #3) foot in a regular shoe and tied it."</p> <p>-DSP #2 did not have information about how Client #1's foot became swollen and red.</p> <p>-"Asked if there had been fever and [DSP #2] responded 'I don't know' ...came back and said 'he had a little fever last night.'"</p> <p>-DSP #2 was unable to report to the PCP-NP if</p>	V 110		

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V 110	<p>Continued From page 15</p> <p>staff had given Client #1 any medication for his foot/leg. -"Immediately sent him to the ER ...because his leg was so incredibly infected and he was admitted for cellulitis." -"There is no way with that degree of infection that it had started the night before." -"Client #2 can do his own cath ...his (urinary tract) infections have slowed down some since diagnosis of Diabetes." -Client #3 was taken to the ER on 4/10/23 after a staff had called the office reporting, "[Client #3] was having a new onset of nervousness, shaking, and drooling." -QP #1/ED/L told the ER doctor that the "patient has had a gradual decline since switching medications back in February." -Client#3's decline had not been not reported to her by any staff.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 110		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>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</p>	V 112		

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V 112	<p>Continued From page 16</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement treatment strategies affecting 2 of 3 audited clients (#2 and #3). The findings are:</p> <p>Review on 7/5/23 of Client #2's record revealed: -Admission date: 6/10/97. -Diagnoses: Spina Bifida, Hypertension, Ventriculoperitoneal Shunt, Gastroesophageal Reflux Disease (GERD), Squamous Cell Cancer of skin of Buttock, Lower Paraplegia, Neurogenic Bladder, and Morbid Obesity. -Was his own guardian. -Treatment plan dated 4-23-23 revealed: short term goal related to Client #2 "managing his own body checks for skin breakdowns or irritations that need medical assistance"</p>	V 112		

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V 112	<p>Continued From page 17</p> <p>-attended wound care twice a week for Lymphedema with his legs and there were no strategies regarding how staff could assist Client #2 with his swelling;</p> <p>-No goals related to his neurogenic bladder resulting in use of a catheter (for assistance) or care/maintenance strategies related to its use.</p> <p>-Client #2 had a Continuous-Positive Airway Pressure (C-PAP) machine that he used nightly and there were no treatment strategies regarding its cleaning or maintenance.</p> <p>Interview on 7/10/23 with Client #2 revealed: -"They wrap my legs in ace bandages (at wound clinic) to keep down swelling to help me go to the bathroom ...If the fluid stays in feet that is where sores come from." -"I have a sleep machine (C-PAP) that helps me breathe because I don't breathe at times when I sleep."</p> <p>Interview on 8/4/23 with Former Group Home Manager #3 revealed: -he (Client #2) had issues with incontinence and urinary tract infections. -was told Client #2 had a C-PAP and that he managed it himself.</p> <p>Review on 7/5/23 of Client #3's record revealed: -Admission date: 3/19/97. -Diagnoses: Mild Intellectual Developmental Disabilities (IDD), Impulse Control Disorder (D/O), Anxiety, Low High-Density Lipoprotein (HDL) Cholesterol and Neuroleptic Induced Parkinsonism. -Hospitalized in April 2023 and was currently experiencing medication induced parkinsonian symptoms. -Been seen by two different physicians before being referred to a third physician to treat the</p>	V 112		

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V 112	<p>Continued From page 18</p> <p>parkinsonian symptoms after a hospital visit in May 2023.</p> <p>-Treatment plan signed and dated 5/9/23 revealed: "[Client #3] currently struggles with communication and health issues indicating Parkinson's Disease ..."</p> <p>-No treatment strategies to address communication or health issues related to his diagnoses on the treatment plan.</p> <p>Interview on 7/11/23 with the Neurology Physician Assistant (NPA) revealed:</p> <p>-Confirmed she saw Client #3 in May 2023.</p> <p>-"His symptoms were caused by his medication, Abilify, that caused his Parkinson's symptoms."</p> <p>-"He looked like a severe Parkinson's patient ...couldn't eat, speak, was shaking ..."</p> <p>-"Developed Neuroleptic Parkinson's from the medication."</p> <p>-Thought the effects were permanent.</p> <p>Interview on 7/6/23 with the Group Home Manager #1 (GHM #1) revealed:</p> <p>-"We were trying to find options to treat his (Client #3) anxiety."</p> <p>Interview on 7/10/23 with the Direct Support Professional #2 (DSP #2) revealed:</p> <p>-Took Client #3 to the hospital in April 2023.</p> <p>-"I was told (did not clarify whom) he had anxiety, but he was shaking and foaming at the mouth."</p> <p>Interview on 7/13/23 with the Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L) revealed:</p> <p>-"I did for them like I would for myself, or my child."</p> <p>-" ...Up until recently I was doing QP work (responsibilities) because I lost a QP. She left at the end of March (2023)."</p>	V 112		

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V 112	Continued From page 19 -Responsible for supervision of staff, and completing and updating treatment plans. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided;	V 113		

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V 113	<p>Continued From page 20</p> <p>(8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to maintain client records affecting 3 of 3 audited clients (#1, #2, and #3). The findings are:</p> <p>Review on 7/5/23 of Client #1's record revealed: -Admission date: 10/2/81. -Diagnoses: Moderate Intellectual Developmental Disability (IDD), Fragile X Syndrome, Mute, Hypertension, Nephrolithiasis, Colonic Polyp, Impaired Glucose Tolerance, Urge Urinary Incontinence, Venous Insufficiency, Anxiety, Hydronephrosis (right), and Renal Stones. -Recent hospitalizations for Cellulitis of lower extremities. -Identification face sheet was not kept up to date and more than one sheet was located in the record. -No documentation of progress towards</p>	V 113		

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V 113	<p>Continued From page 21</p> <p>outcomes were not located in the record.</p> <p>-Documentation of diagnoses varied across three documents. Per the crisis plan: Moderate IDD; per the treatment plan: Severe MR (Mental Retardation) and Fragile X Syndrome; and per the FL2 - IDD, Mute, hypertension, nephrolithiasis, colonic polyp, impaired glucose tolerance, urge urinary incontinence, venous insufficiency, anxiety, hydronephrosis (right), and renal stones.</p> <p>Review on 7/5/23 of Client #2's record revealed:</p> <p>-Admission date: 6/10/97.</p> <p>-Diagnoses: Spina Bifida, Hypertension, Ventriculoperitoneal Shunt, Gastroesophageal Reflux Disease, Squamous Cell Cancer of skin of Buttock, Lower Paraplegia, Neurogenic Bladder, and Morbid Obesity.</p> <p>-Identification face sheet was not kept up to date and more than one sheet was in the record.</p> <p>-No documentation of progress towards outcomes located in the record.</p> <p>-Additional diagnoses were not included in the client record: Client #2's medical records showed Lymphedema, recurrent urinary tract infections, and Diabetes Myelitis with Stage 1 kidney disease as additional diagnoses.</p> <p>-No information regarding Client #2's Continuous-Positive Airway Pressure (C-PAP) machine or catheter present.</p> <p>Review on 7/5/23 of Client #3's record revealed:</p> <p>-Admission date: 3/19/97.</p> <p>-Diagnoses: Mild IDD, Impulse Control Disorder, Anxiety, Low High-Density Lipoprotein (HDL) Cholesterol and Neuroleptic Induced Parkinsonism.</p> <p>-Identification face sheet had outdated information for the guardian.</p> <p>-No documentation of progress was located in the</p>	V 113		

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V 113	<p>Continued From page 22</p> <p>record towards outcomes.</p> <p>Interview on 6/27/23 and 7/6/23 with the Primary Care Provider-Nurse Practitioner (PCP-NP) revealed:</p> <ul style="list-style-type: none"> - "They (group home staff) bring a binder and used to have a page for me to fill out." - "[Client #3] had no current medication list in his binder. The last medication list was from 3 years ago." - "Their books are old." - "I found out when I tried to contact their (Client #3's) emergency contact, that person had been deceased for 4 years." <p>Interview on 7/12/23 with the Group Home Manager #1 revealed:</p> <ul style="list-style-type: none"> - "There are no notes. That's on me ..." (regarding documenting concerns for Client #3) <p>Interview on 8/4/23 with the Former Group Home Manager #3 revealed:</p> <ul style="list-style-type: none"> - "Told me EMR (Electronic Medical Record) is not for medical (information)," but would not clarify who told him this information. <p>Interview and observation at 12:00 PM on 7/10/23 with the Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L) revealed:</p> <ul style="list-style-type: none"> - Group home managers are responsible for maintaining the client books. - Pulled up a grid note for Client #1 on 3/20/23 (day before he was hospitalized for Cellulitis) on EMR, "[FGHM#3] did not put a note in there like I wanted him to." - "There is no note from that evening (3/20/23)." - Pulled up grid note for Client #3 on 5/2/23 and 5/3/23, "no issues reported ...says 'didn't have any problems' ...according to [FGHM#3]" when he was taken to the PCP-NP for shaking and 	V 113		

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V 113	Continued From page 23 drooling. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 113		
V 117	27G .0209 (B) Medication Requirements 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 practitioner.	V 117		

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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 117	<p>Continued From page 24</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain pharmacy packaging labels as required for each prescription drug dispensed for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 7/5/23 of Client #3's record revealed: -Admission date: 3/19/97. -Diagnoses: Mild Intellectual Developmental Disability, Impulse Control Disorder, Anxiety, Low High-Density Lipoprotein (HDL) Cholesterol and Neuroleptic-Induced Parkinsonism</p> <p>Observation on 7/5/23 at 1:25PM of Client #3's medications revealed: -Benzotropine Mesylate (Parkinson's Symptoms), 0.5mg (milligram) 1 tablet (tab) by mouth (PO) at bedtime (QHS), dispensed 4/11/23. -Alprazolam 0.5mg tab 1 tab PO every day (QD), dispensed 5/9/23. -Carbidopa Levodopa (Parkinson's Symptoms) 25-100mg tab 2 tabs PO at 6:30AM, 10:30AM, 2:30PM, and 6:30PM, dispensed 6/30/23. -Buspirone HCL (anxiety) 15mg 1 tab twice a day, dispensed 6/4/23; -Paroxetine (Depression/Anxiety) 10mg 1 tab PO QD, dispensed 6/4/23.</p> <p>Observation on 7/5/23 at 1:25PM of Client #3's medications in the facility medication (med) closet revealed: -A small red plastic cup in front Client #3's medication cubby that had approximately 8 pills: 6 small white round pills, a white tablet, and a small yellow pill.</p>	V 117		

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V 117	<p>Continued From page 25</p> <p>-By looking at the bubble pack list of client's medications for identification and comparing them to medications in the cup, it appeared that the medications were Benztropine Mesylate which had been discontinued per the Medication Administration Record on 5/3/23, Buspirone, and Paxil.</p> <p>Observation and Interview with the Group Home Manager #1 (GHM #1) on 7/12/23 at 12:58PM of Client #3's medications revealed: -Small red plastic cup with 10 white pills in it, later identified by GHM #1 as Benztropine Mesylate (Cogentin) that was discontinued in May 2023. -The white tablet was identified as Buspar.</p> <p>Observation and Interview with the GHM #1 on 7/12/23 at 1:36PM of medication closet in facility revealed: -Small red plastic cup with an unidentified white pill in the bottom. - believed the pill was a Naproxen for Client #5.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 117		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

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V 118	<p>Continued From page 26</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>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to administer medications as ordered by the physician and failed to keep MARs current for 3 of 3 audited clients (#1, #2, and #3). Additionally, 2 of 3 audited staff, (Group Home Manager #1 (GHM #1) and Former Group Home Manager #3 (FGHM #3)) failed to demonstrate competency in medication administration. The findings are:</p> <p>Cross Reference: 10A NCAC 27G. 0209</p>	V 118		

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V 118	<p>Continued From page 27</p> <p>Medication Requirements (V117) Based on observation, record review, and interview, the facility failed to maintain pharmacy packaging labels as required for each prescription drug dispensed for 1 of 3 audited clients (#3).</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V119) Based on observation, record review, and interview, the facility failed to dispose of prescribed medication in a way that guarded against diversion or accidental ingestion affecting 1 of 3 audited clients (#3).</p> <p>Cross Reference 10A NCAC 27G. 0209 Medication Requirements (V121) Based on record review and interview, the facility failed to obtain a pharmacist's or physician's psychotropic medication review for all clients receiving psychotropic drugs at least every six months affecting 2 of 3 audited clients (#1 and #3).</p> <p>Review on 7/5/23 of Client #1's record revealed: -Admission date: 10/2/81 -Diagnoses: Moderate Intellectual Developmental Disability (IDD), Fragile X Syndrome, Mute, Hypertension, Nephrolithiasis, Colonic Polyp, Impaired Glucose Tolerance, Urge Urinary Incontinence, Venous Insufficiency, Anxiety, Hydronephrosis (right), and Renal Stones.</p> <p>Review on 7/5/23 of Client #2's record revealed: -Admission date: 6/10/97 -Diagnoses: Spina Bifida, Hypertension, Ventriculoperitoneal Shunt, Gastroesophageal Reflux Disease, Squamous Cell Cancer of skin of Buttock, Lower Paraplegia, Neurogenic Bladder, and Morbid Obesity.</p>	V 118		

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V 118	<p>Continued From page 28</p> <p>Review on 7-5-23 of Client #3's record revealed: -Admission date: 3-19-97 -Diagnoses: Mild Intellectual Developmental Disability, Impulse Control Disorder, Anxiety, Low High-Density Lipoprotein (HDL) Cholesterol, and Neuroleptic-Induced Parkinsonism.</p> <p>Finding #1: Example of missing physician orders.</p> <p>Review on 7/5/23 of Client #2's MARs from 4/1/23 to 6/28/23 revealed: -Myrbetriq 50 milligrams (mg) (urge incontinence) 1 tablet (tab) by mouth (PO) every day (QD), administered 4/1/23 until 5/8/23 and discontinued (d/c'd). -Cefuroxime Acetyl 200mg (antibiotic) 1 tab twice a day (BID) for 10 days starting 6/20/23. -Methenamine Hippurate (urinary tract) 1 tab PO, BID, administered 5/1/23 through 5/10/23 and d/c'd on MAR 5/10/23.</p> <p>Further review on 7/5/23 of Client #2's record revealed: -No physician order for Myrbetriq 50mg and no discontinue (d/c) order. -No physician order for Cefuroxime Acetyl 200mg tab. -No physician order for Methenamine Hippurate 1mg 1 tab BID.</p> <p>Interview on 7/10/23 with Client #2 revealed: -Is his own guardian. -"Pre-diabetic but...doing better." -"Susceptible to urinary tract infections."</p> <p>Review on 7/5/23 of Client #3's MARs from 4/1/23 to 6/30/23 revealed: -Alprazolam 0.5mg (anxiety)1 tab PO QD administered 4/12/23 to 5/4/23.</p>	V 118		

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V 118	<p>Continued From page 29</p> <p>-Carbidopa Levodopa (dosage not listed) 1.5 tabs (Parkinsons symptoms) at 6:30AM, 10:30AM, 2:30PM, and 6:30PM, started 5/15/23 and administered to 5/31/23.</p> <p>Further review on 7/5/23 of Client #3's record revealed:</p> <p>-Alprazolam 0.5mg tab 1 tab PO QD, no d/c order.</p> <p>-Carbidopa Levodopa 25-100mg 1.5 tabs at 6:30AM, 10:30AM, 2:30PM, and 6:30PM, started 5/15/23 and administered to 5/31/23, missing d/c order.</p> <p>Interview on 7/6/23 with Client #3 revealed:</p> <p>-Answered 'yes' to most questions.</p> <p>-Said yes to taking medications every day.</p> <p>-Couldn't name any of his medications.</p> <p>-Relied on staff to give him his medication.</p> <p>Interview on 7/6/23 with the Group Home Manager #1 (GHM #1) revealed:</p> <p>-She gave medications to clients #1, #2, and #3 as part of her duties at the facility.</p> <p>Finding #2: Example of Client MARs not kept current, and medications transcribed incorrectly.</p> <p>Review on 7/5/23 of Client #1's physician orders dated 12/8/22 included:</p> <p>-Zestril 20 mg (blood pressure) 1 and ½ half tabs PO QD.</p> <p>-Furosemide 20mg (swelling) 1 tab PO QD.</p> <p>-Oxybutynin Chloride 15mg (urge incontinence) 1 tab PO QD.</p> <p>-Citalopram HBR 40mg (depression) 1 tab PO QD.</p> <p>Observation on 7/5/23 at 12:03pm of Client #1's medications revealed:</p>	V 118		

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V 118	<p>Continued From page 30</p> <p>-Zestril 20mg, dispensed 6/5/23. -Furosemide 20mg, dispensed 6/5/23. -Oxybutynin Chloride 15mg, dispensed 6/5/23. -Citalopram HBR 40mg, dispensed 6/5/23.</p> <p>Review on 7/5/23 of Client #1's MARs from 4/1/23-6/30/23 revealed; -no documentation of an April 2023 MAR (page was missing) that showed Zestril, Furosemide, Oxybutynin Chloride, and Citalopram were administered</p> <p>Interview on 7/5/23 with the Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L) revealed: -She didn't know where the missing page of the April 2023 MAR was for Client #1. -"[Client #1] got his medication."</p> <p>Review on 7/5/22 of Client #2's physician orders dated 5/8/23 revealed: -Metformin 500mg (Diabetes) 1 tab PO BID.</p> <p>Review on 7/5/23 of Client #2's MARs from 4/1/23 to 6/30/23 revealed: -Metformin 500 mg 1 tab BID was initialed as administered one time per day for month of June 2023 and listed one time per day on the MAR. -Elevate legs to heart level for 30 minutes was initialed every day in June until 6/22/23; but there were also X marks on days 6/2/23-6/4/23, 6/8/23-6/10/23, and 6/14/23-6/16/23.</p> <p>Review on 7/5/23 of Client #3's physician orders revealed: -Alprazolam 0.5mg (anxiety) 1 tab 1 hour prior to lab appointments and may also take 0.5mg BID QD as needed (PRN) from FL-2 Form dated 5/8/23.</p>	V 118		

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V 118	<p>Continued From page 31</p> <p>Observation on 7/5/23 at 1:25pm of Client #3's medications revealed: -Alprazolam 0.5mg, PRN for anxiety, dispensed 12/27/22.</p> <p>Review on 7/12/23 of Client #3's undated, "Controlled Substance Count Sheet" revealed: -Alprazolam 0.5mg administer 1 tab was administered on 4/1/23 at 8am, 4/2/23 at 2pm, and 4/30/23 at 8am by the Group Home Manager #1 (GHM #1). -A separate controlled count sheet reflects Alprazolam 0.5mg tab was administered on 4/10/23 by Direct Support Professional #2.</p> <p>Review on 7/5/23 of Client #3's MARs from 4/1/23 to 6/30/23 revealed: -Alprazolam administered per controlled substance sheet was not documented on the April 2023 MAR. -Alprazolam 0.5mg is transcribed on the May 2023 MAR as "Alprazolam 0.5 PRN As Needed for Anxiety" with no dosage, route, or instructions for frequency noted. -Alprazolam 0.5mg is transcribed on the June 2023 MAR as "Alprazolam 0.5 prn as needed for anxiety" with no dosage, route, or instructions for frequency noted.</p> <p>Finding #3: Example of staff not showing competency in medication administration</p> <p>Review on 7/5/23 of the GHM #1's personnel record revealed: -Hire date: 5/28/16. -Medication Administration training dated: 4/6/23.</p> <p>Review on 7/5/23 of the Former Group Home Manager #3 (FGHM #3)'s personnel record revealed:</p>	V 118		

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V 118	<p>Continued From page 32</p> <p>-Hire date: 1/8/23. -Medication Administration training dated: 4/6/23.</p> <p>Observation on 7/12/23 at 12:57PM-2:45PM of the facility's medication closet revealed: -small red plastic cup with 10 white pills in it, later identified by GHM #1 as Client #3's Benzotropine Mesylate (Cogentin) that was discontinued in May 2023. -Client #3's blister pack of medication was punched out (foil back had been punched) for all the evening doses for the week (7 blisters) and 5 blisters were punched out on the morning doses. -there were 3 white tablets visible on the top of the blister pack, under bedtime doses labeled Monday, Wednesday, and Thursday. -there was one pill visible on the bottom blister for the morning dose under Tuesday. -these pills were identified by QP #1/ED/L as Client #3's Buspirone that he takes twice a day; -the QP #1/ED/L contacted GHM #1 by phone and inquired about the medications in the blister pack for Client #3. -GHM #1 responded to the facility . -GHM #1 and QP #1/ED/L moved the Buspirone around to different days (AM/PM doses) trying to make sense of doses given and doses left for the week.</p> <p>Interview on 7/12/23 with the GHM #1 revealed: -"I opened these (blister packs) to take out the pills he (Client #3) ain't taking." -Placed Client #3's discontinued medications in the red cup. -"Remembered there was an extra Buspirone (Buspar) popped for the night-time dose, and it wasn't given." -"A new staff person was starting, and I didn't want them to give the extra Buspar to Client #3." -Could not make sense of the doses left in the</p>	V 118		

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V 118	<p>Continued From page 33</p> <p>bubble pack, "I'm confused." -"At this point, there is a possibility of everything ...a pill could have fallen out." -Would pick up the phone to call someone if a new staff person would not know what to give the client. -Denied leaving the other white pill observed in a red cup. -Later reported the white pill was a Naproxen, a PRN for Client # 5 in the facility.</p> <p>Interview on 8/4/23 with the FGHM #3 revealed: -Gave medication as part of his duties. -His process for administering medications was to " ...call each client individually ...sign the MAR after all the meds were given ...that is not how you are supposed to do it." -Never saw loose medication in a red cup unless he was passing medications himself.</p> <p>Further Interview on 7/12/23 with the QP #1/ED/L revealed: -"Was not a pharmacist." -She would take the medications back to the pharmacy to be re-packed today before the clients returned. -"We used to count pills." -"Since we went to pill-packs we don't do that (count medication pills)." -They counted medication from clients when they came back from home visits.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 7/13/23 of the written plan of protection dated 7/13/23 and signed by the QP #2 revealed:</p>	V 118		

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V 118	<p>Continued From page 34</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>QP(QP#2) has corrected medication packages for clients in the home and medication has been disposed of by the pharmacy (7/12/23).</p> <p>QP (QP#2) is working on a contract with [named pharmacy provider] and will request they provide a pharmacy review at least quarterly, (7/28/23). QP (QP#2) to reach Primary Care to see if they can review the medication until contract with [named pharmacy provider] can be completed.</p> <p>QP (QP #2) and Registered Nurse (RN) to review MARs to correct errors and will retrain on paper MARs (7/17/23)</p> <p>QP (QP #2) will schedule a qualified RN to come teach medication administration (includes med disposal, proper handling, proper storage, and paper MAR), vital signs, signs of illness, blood sugar checks, diets and diet consistency. She will also teach choking risk, pneumonia risk, catheter hygiene and maintenance, fall risk, and safety hazards. Will teach adaptive equipment and maintenance (7/19-7/21/23).</p> <p>Describe your plans to make sure the above happens:</p> <p>QP (QP #2) has found an RN that has worked in Intermediate Care Facility (ICF) Group homes and understands the regulations to ensure that we are up to standards and provide the best care. She will be working with us and hopefully transition as our nurse.</p> <p>QP (QP #2) will have records of in-servicing of all</p>	V 118		

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V 118	<p>Continued From page 35</p> <p>training.</p> <p>QP and RN will do random observations and provide immediate feedback and will take appropriate course of action."</p> <p>This deficiency constitutes a recited deficiency.</p> <p>Client #1, #2, and #3 had diagnoses that included: Hypertension, Lymphedema, Neurogenic Bladder, Morbid Obesity, Intellectual Developmental Disabilities, Spina Bifida, Mute, Urge Urinary Incontinence, Anxiety, and Neuroleptic Induced Parkinsonism. Client #1 lacked ability to verbally communicate if there were issues with his medication and was dependent on staff to administer them as ordered. There were 4 medications in April 2023 for Client #1 that were not documented as administered. Client #2 was prescribed Metformin twice a day and the MAR in June 2023 reflected that he was getting his medication once a day. There were 5 missing physician orders between Client #2 and #3. MARs were not kept current and lacked dosing information for PRNs and regular prescribed meds. Client #3's Alprazolam was documented on a controlled substance sheet but not the MAR for April 2023. Staff made the MARs and were responsible for checking for errors. Discontinue orders for medications were not available for review at the facility. Former Group Home Manager #3 admitted to administering all the meds to each client in the facility and then initialing the MAR after. FGHM #3 GHM #1 pre-punched the blister packs of medications. GHM #1 pre-punched the medication blister packs a week at a time in attempt to pull out discontinued medication for Client #2 from 5/3/23. However, the remaining medication (Buspirone) was left open in the bubble pack, and it is</p>	V 118		

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V 118	Continued From page 36 undetermined if a dose fell out. QP #1/ED/L and GHM #1 tried to move Client #3's pill around in his pill pack to different days to make sense of the dosing. It could not be determined if clients received the necessary medications due to missing medication orders, MARs not kept current, and disposal of medications. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be	V 119		

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V 119	<p>Continued From page 37</p> <p>disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to dispose of prescribed medication in a way that guarded against diversion or accidental ingestion affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 7/5/23 of Client #3's record revealed: -Admission date: 3/19/97. -Diagnoses: Mild Intellectual Developmental Disability, Impulse Control Disorder, Anxiety, Low High-Density Lipoprotein (HDL) Cholesterol, and Neuroleptic-Induced Parkinsonism.</p> <p>Observation on 7/5/23 at 1:25PM of Client #3's medications revealed: -A small red plastic cup in front Client #3's medication cubby that had approximately 8 pills: 6 small white round pills, a white tablet, and a small yellow pill.</p> <p>Further observation on 7/12/23 at 1:36PM of the medication closet in facility revealed: -Small red plastic cup with an unidentified white pill in the bottom.</p> <p>Review on 7/12/23 of the facility's "Storage and Handling of Medication Policy" dated 9/5/19 revealed:</p>	V 119		

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V 119	<p>Continued From page 38</p> <p>-"Medications are not disposed of by Brushy Mountain Group Homes (Licensee). Medications are returned to the dispensing pharmacy for disposal and documentation."</p> <p>Interview on 7/5/23 and 7/12/23 with Group Home Manager #1 revealed: -Medications to be disposed were taken back to a local drug store. -Could not identify how often this was done. -Placed Client #3's discontinued medications in the red cup.</p> <p>Interview on 8/4/23 with the Former Group Home Manager #2 revealed: -"Was told by [Qualified Professional #1/ Executive Director/Licensee (QP #1/ED/L)] to put Client #3's medication that were discontinued in a plastic baggie ...was not sure what happened to them." -"[QP #1/ED/L] didn't seem to have a procedure for medication disposal."</p> <p>Interview on 7/12/23 with the QP #1/ED/L revealed: -Their procedure was to take expired medications back to a local pharmacy. -"Hadh't done it in a while." -The facility did not have a set schedule of how often this was done.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 119		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION</p>	V 121		

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V 121	<p>Continued From page 39</p> <p>REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to obtain a pharmacist's or physician's drug regimen review for all clients receiving psychotropic drugs at least every six months affecting 2 of 3 audited clients (#1 and #3). The findings are:</p> <p>Review on 7/5/23 of Client #1's record revealed: -Admission date: 10/2/81. -Diagnoses: Moderate Intellectual Developmental Disability (IDD), Fragile X Syndrome, Mute, Hypertension, Nephrolithiasis, Colonic Polyp, Impaired Glucose Tolerance, Urge Urinary Incontinence, Venous Insufficiency, Anxiety, Hydronephrosis (right), and Renal Stones -Physician order dated 12/8/22: -Buspirone (anxiety) 15 milligrams (mg) (anxiety) 1 tablet (tab) by mouth (PO) daily (QD). -Citalopram HBR (depression) 40mg (depression) 1 tab PO QD. -No evidence of 6-month drug regimen review</p>	V 121		

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V 121	<p>Continued From page 40</p> <p>completed by a pharmacist or physician available.</p> <p>Review on 7/5/23 of Client #3's record revealed: -Admission date: 3/19/97. -Diagnoses: Mild IDD, Impulse Control Disorder, Anxiety, and Low High-Density Lipoprotein (HDL) Cholesterol and Neuroleptic Induced Parkinsonism.</p> <p>Review on 7/5/23 Client #3's Medication Administration Record dated 1/1/23-6/30/23 revealed the following medications administered: -Alprazolam (anxiety) 0.5mg 1 tab as needed (PRN). -Aripiprazole (antipsychotic) 10mg 1 tab PO QD. -Buspirone HCL (anxiety) 15mg 1 tab twice a day. -Paroxetine (antidepressant) 10mg 1 tab QD. -No evidence of 6-month drug regimen review completed by a pharmacist or physician available.</p> <p>Interview on 7/12/23 with the Qualified Professional #1/Executive Director/Licensee (QP#1/ED/L) revealed: -Review of psychotropic medications was not completed. -Thought reviews had to be completed annually.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 121		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a</p>	V 289		

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V 289	<p>Continued From page 41</p> <p>home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor</p>	V 289		

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V 289	<p>Continued From page 22</p> <p>clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to provide the care and rehabilitation services within the scope of the program affecting 3 of 3 audited clients (Client #1, #2 and #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record review, interview, and observation, the facility failed to ensure 3 of 3 staff (Group Home Manager #1 (GHM #1), Direct Support Professional #2 (DSP #2) and Former Group Home Manager #3 (FGHM #3)) were trained to meet the (MH/DD/SA) needs of the clients.</p> <p>Cross Reference: 10A NCAC 27G .0203</p>	V 289		

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V 289	<p>Continued From page 43</p> <p>Competencies of Qualified Professionals and Associate Professionals (V109). Based on record review and interview, 1 of 2 Qualified Professionals (Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L)) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110). Based on record review and interview, 3 of 3 audited paraprofessionals, (Group Home Manager #1, Direct Support Professional #2, and Former Group Home Manager #3 (GHM #1, DSP #2, and FGHM #3)) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record review and interview, the facility failed to implement goals and treatment strategies to address the needs of the clients, affecting 3 of 3 audited clients (#1, #2, and #3).</p> <p>Cross Reference: 10A NCAC 27G .0206 Client Records (V113). Based on record review, interview, and observation, the facility failed to maintain client records affecting 3 of 3 audited clients (#1, #2, and #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .5603 Operations (V291). Based on record review and interview, the facility failed to ensure service coordination was maintained with other professionals responsible for treatment affecting 3 of 3 audited clients (#1,</p>	V 289		

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V 289	<p>Continued From page 44</p> <p>#2, and #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27F .0103 Health, Hygiene and Grooming (V540)</p> <p>Based on record review, interview, and observation, the facility failed to ensure the clients right to dignity and humane care in the provision of personal health, hygiene, and grooming was implemented affecting 1 of 3 audited clients (#2).</p> <p>Review on 7/13/23 of the written plan of protection dated and signed on 7/13/23 by the Qualified Professional #2 (QP#2):</p> <p>"QP (QP#2) will schedule a qualified Registered Nurse (RN) to come teach medication administration (includes medication (med) disposal, proper handling, proper storage, and paper Medication Administration Record (MAR)), vital signs, signs of illness, blood sugar checks, diets, and diet consistency. She will also teach choking risk, pneumonia risk, catheter hygiene and maintenance, fall risk and safety hazards. Will teach adaptive equipment and maintenance (7/19-7/21/23).</p> <p>RN will come and observe and give guidelines to med closet (7/13/23).</p> <p>QP (QP#2) contacted [local pharmacy provider] and ECP (Exact Care Pharmacy) regarding individualized bubble packs for medication and electronic MAR that will communicate with doctor and pharmacy (7/13/23 will have to get board approval on cost which is scheduled 7/20/23).</p> <p>QP (QP #2) will initiate a new medical appointment diary and medication history record (7/18/23).</p>	V 289		

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V 289	<p>Continued From page 45</p> <p>RN will teach on abuse and neglect and lifting and transferring (7/19/23-7/21/23).</p> <p>QP (QP #2) and RN will create meal and snack time routines and implementing dietary menus (7/24/23)</p> <p>RN/QP (QP #2) will teach infection control and cleaning and disinfecting the house.</p> <p>QP (QP #2) will implement a chore and routine chart to assist with maintenance and cleanliness.</p> <p>RN/QP (QP #2) will implement specific treatment plans for each client, new updated clinical books with current face sheet and new documentation forms and organization (8/1/23). RN will teach proper documentation and proper record management (8/1/23).</p> <p>RN will teach and implement on approved visitors and release of responsibility forms (7/28/23).</p> <p>Describe your plans to make sure the above happens:</p> <p>QP (QP#2) has found an RN that has worked in Intermediate Care Facilities (ICF) Group Homes and understands the regulations to ensure that we are up to standards and provide the best care. She will be working with us and hopefully transition on permanently as our nurse.</p> <p>QP (QP #2) and RN will have records of in servicing of all training.</p> <p>QP and RN will do random observations and provide immediate feedback and will take the appropriate course of action."</p>	V 289		

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V 289	<p>Continued From page 46</p> <p>Clients #1, #2, and #3 have diagnoses that include Hypertension, Diabetes, Neurogenic Bladder, Fragile X Syndrome, Mute, Intellectual Developmental Disabilities, Lymphedema, Neuroleptic Induced Parkinsonism, and Ventriculoperitoneal Shunt. Clients #1, #2, and #3 have failed to have medical care and services coordinated to promote their well-being. Client #1 was hospitalized on March 21, 2023, for cellulitis in his left foot for 5 days and there is no documentation from the facility regarding Client #1's foot. He was sent to the day program after having a fever during the night of (3/20/23) and having swelling in his foot and not wanting to walk. Client #1 is non-verbal. Client #1 was also hospitalized a second time on April 14th, 2023 for worsening cellulitis. Client #2 is reliant on staff to make medical appointments and provide transportation. Client #2 has a Ventriculoperitoneal Shunt and hasn't been seen by a neurologist since 2021 despite referrals from the Primary Care-Provider Nurse Practitioner. He was referred to Urology in 2022 because of his neurogenic bladder and recurrent UTI's, however his appointment was missed and hasn't been rescheduled. There is no documentation in Client #2's record regarding wearing a C-PAP, a catheter, or his ability to provide his own oversight solely in cleaning his catheter supplies, and c-pap machine. Client #2's needs assistance with hygiene. His person and living environment smelled heavily of urine during the survey. Staff at the facility rely on Client #2 to handle his own hygiene despite needing prompts to change and assistance with body checks for skin breakdown. Client #3 has sustained neuroleptic induced parkinsonism from medication. He was being seen by two different providers at the time that prescribed psychiatric medication. Facility staff failed to document or contact a medical provider</p>	V 289		

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V 289	Continued From page 47 regarding Client #3's symptoms that were occurring for at least a week prior to hospitalization including drooling, shaking, and an inability to focus. It was the day program staff that alerted the facility that something was wrong with Client #3. Client #3 was subsequently hospitalized twice diagnosed with Neuroleptic Induced Parkinsonism from medication that has permanent effects. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$\$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the	V 291		

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V 291	<p>Continued From page 48</p> <p>legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure service coordination was maintained with other professionals responsible for treatment affecting 3 of 3 audited clients (#1, #2, and #3). The findings are:</p> <p>Review on 7/5/23 of Client #1's record revealed: -Admission date: 10/2/81. -Diagnoses: Moderate Intellectual Developmental Disability (IDD), Fragile X Syndrome, Mute, Hypertension, Nephrolithiasis, Colonic Polyp, Impaired Glucose Tolerance, Urge Urinary Incontinence, Venous Insufficiency, Anxiety, Hydronephrosis (right), and Renal Stones. -Recent hospitalizations for Cellulitis of lower extremities.</p> <p>Review on 7/18/23 of Client #1's medical records revealed: -Admitted to local hospital on 3/21/23 and discharged on 3/25/23. Discharge diagnoses: Cellulitis lower extremities, Fragile X Syndrome, Anxiety with depression, and Essential hypertension. "...Pt (Patient) was sent by his</p>	V 291		

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V 291	<p>Continued From page 49</p> <p>PCP (Primary Care Provider) due to erythema, swelling, and pain to his LLE (left lower extremity) which has been occurring since last night ..." Given Morphine intravenously and Toradol for pain. Determination was made " ...inpatient services for greater than two nights are medically necessary ...positive results for active infection but do not rule out bacterial infection or co-infection ..." A report was made to Adult Protective Services due to concern of lack of medical care.</p> <p>-Second admission to local hospital on 4/4/23 and discharged on 4/18/23. Admitted for worsening of left leg cellulitis.</p> <p>Review on 7/5/23 of Client #2's record revealed: -Admission date: 6/10/97. -Diagnoses: Spina Bifida, Hypertension, Ventriculoperitoneal Shunt, Gastroesophageal Reflux Disease, Squamous Cell Cancer of skin of Buttock, Lower Paraplegia, Neurogenic Bladder, and Morbid Obesity. -Client #2's medical records revealed additional diagnoses of Lymphedema, recurrent urinary tract infections, and Diabetes Myelitis with Stage 1 kidney disease. -Had a ventriculoperitoneal shunt and had not been seen by a neurologist since 2021. -April 1, 2023-June 30, 2023 Medication Administration Record showed: -Elevate legs to heart level for 30 minutes a day or when sitting starting 5/1/23, no physician order; -80 grams of protein, 40 milligrams twice a day, no physician order.</p> <p>Review on 7-18-23 of Client #2's medical records revealed: -Last visit to urologist was 3/1/22. -Visit to the local emergency room (ER) on 11/6/22, diagnosed with Urinary Tract Infection</p>	V 291		

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V 291	<p>Continued From page 50</p> <p>(UTI).</p> <p>-Visit to Primary Care Provider-Nurse Practitioner (PCP-NP) office on 11/9/22 for UTI follow up from hospital ... "he still self cathes ...if he needs to."</p> <p>-Visit to the local ER on 12/11/22 for symptoms of right flank pain and foul-smelling urine. Client #2 expressed concern for a UTI. " ...self-cathes presents with foul-smelling urine ...has a history of urinary tract infection ..."Counseling:...I had a detailed discussion with the patient and/or guardian regarding ...the need for outpatient follow-up ..."</p> <p>Interview on 7/10/23 with Client #2 revealed: -"Was going to [Winston-Salem] to a urologist ... [PCP-NP] sent me to urologist here in (local) town ...haven't been yet ...[GHM #1] should have it written down somewhere." -"Neurologist ...I have to go to [Winston] for that ... "I think I went last year but not sure." -"[PCP-NP] wants me seen (by a neurologist) at least once a year because of my shunt. -"With my last several incidents with my shunt, I didn't have warning signs like I use to (headaches) ... that's why I need to go every year." -took protein powder twice a day to help with the wounds on his legs, "the wound center recommended it." -"I try my best (to elevate my legs), but I don't always succeed."</p> <p>Interview on 7/14/23 with the Client #2's urologist office revealed: -Yearly appointment was scheduled on 6/14/22. That appointment was missed. There has not been a new appointment or visit since. -The urologist "wants to see him once a year."</p> <p>Review on 7-5-23 of Client #3's record revealed: -Admission date: 3-19-97.</p>	V 291		

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V 291	<p>Continued From page 51</p> <p>-Diagnoses: Mild IDD, Impulse Control Disorder, Anxiety, Low High-Density Lipoprotein (HDL) Cholesterol and Neuroleptic Induced Parkinsonism.</p> <p>Review on 7/12/23 of Client #3's medical records revealed:</p> <p>-2/14/23: Group Home Manager #1 (GHM #1) contacted PCP-NP office "advising that patient's therapist (at another prescribing provider) did not change any medication;"</p> <p>-2/14/23: PCP-NP adjusted meds for Client #3, "Stop Wellbutrin ...Start Paxil 10milligrams (mg) every day (QD), Start Abilify 10mg ...wean down Lamictal 50mg once daily for two weeks ...then 25mg ...can stop, follow up in 3-4 weeks."</p> <p>-3/14/23: PCP-NP for medication monitoring, "caregiver (Direct Support Professional #2) that brought patient ...last 2 new medications (meds) given at last visit have helped patient ...Report from GHM #1 told presenting caregiver with him it is working well ... call if any concerns ...follow up in about 6 weeks."</p> <p>-4/10/23at 2:28pm: "facility called and said patient (Client #3) is having new onset of nervousness, shaking and drooling ...advised patient needed emergency treatment at emergency room (ER)."</p> <p>-4/10/23 ER Visit 5:19PM: "Chief Complaint: Medication Dose Change ... reports pt (patient) has had increased drooling, tremor, and diffuse ...rash ...[QP #1/ED/L] states patient had medication changed on 2/14/23 ...hasn't seen patient in 2-3 weeks ...staff says patient has had gradual decline since switching medications ...discharge home."</p> <p>-4/11/23: follow up with [other named prescribing provider], ... "Client is visibly anxious and shaky ...tremors of both hands and arms ...has lost 7 pounds since last visit ...has had some trouble eating ...staff present (not identified whom) ...</p>	V 291		

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V 291	<p>Continued From page 52</p> <p>added Cogentin 0.5mg 1 tab QHS."</p> <p>-There is no mention of ER visit from the day before (4/10/23) in medical record from this provider.</p> <p>-5/3/23: follow up consult PCP-NP, " ...Patient not appearing well ...staring off into space with tremors ...shaking all over ...nearly drooling ...doesn't appear to control functions with his mouth ...I asked ...caregiver [DSP#2] ...how long he has been like this ...(DSP #2 responded): shrugged his shoulders ... 'a while'."</p> <p>"I explained to [DSP #2] that when I saw the patient back in February and agreed to change his meds (medications), he wasn't supposed to follow back up with [other prescribing provider] because it's not safe to have so many people prescribing his psych (psychiatric) meds ...also, he was brought back a month later for follow up ...he told me he was doing better with med changes ...</p> <p>"Then the next thing I see is on 4/10 he was taken to ER for drooling/tremors ...Orders: decrease Abilify to 5mg, stop Cogentin, and follow up in 2 weeks and discontinue Abilify."</p> <p>-5/8/23: consult with Neurologist PA (physician's assistant) to establish care ... "tremors/shaking ...decline in memory ...staff (not identified) report developments in last 1-2 months (with Client #3) ...shaking when he tries to do things like eat, brush teeth ...In February (2023) was started on Abilify ...here for evaluation ...there is evidence of almost continual drooling throughout visit ...gait is slow and unsteady ...resting tremor in all 4 limbs ...at times resting tremor becomes pill rolling in nature ...Assessment: Neuroleptic Induced Parkinsonism ...have reached out to [PCP-NP] ...will discontinue Abilify."</p> <p>-5/11/23-5/15/23 Client #3 was hospitalized at a different hospital due to current symptomology.</p>	V 291		

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V 291	<p>Continued From page 53</p> <p>Interview on 7/6/23 with the GHM #1 revealed: -"Client #3 has had a lot of issues recently with medication." -"We were trying to find options to treat his anxiety ... took him to [another prescribing provider] and they started prescribing. [PCP-NP] and [another prescribing provider] were aware of each other." -"[PCP-NP] ...treating him for anxiety and put him on a pill that blew him up and he has Parkinson's now."</p> <p>Interview on 7/11/23 with Client #3's guardian revealed: -"Now he (Client #3) has Stage 2 Parkinsons ... [QP #1/ED/L] told me." -"Felt like facility staff were doing the best they could with Client #3." -"Had been talking with staff and QP #1/ED/L about Client #3's nervousness for a while." -"If there are medication changes with Client #3, they would call and tell me about it after." -"Thought communication from the facility was excellent." -"Wanted a second opinion other than PCP-NP."</p> <p>Interview on 7/25/23 with the Qualified Professional #2 (QP #2): -"Started 5/22/23 part time as QP ...not involved with meds and coordinating care." -"[Client #1]'s foot problems occurred before I started ...have read he is supposed to be elevating his foot ...there is no communication, and it is not clear who is following up ...there is no doctor order." -"They are using the after-visit summary (for medication orders) ...I don't consider that an order." -"Knew [Client #2] from the day program ...staff should be with him at doctor appointments."</p>	V 291		

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V 291	<p>Continued From page 54</p> <p>- "When [Client #3] had his incident (where he had to go to ER on 4/10/23) he was in the classroom ... QP #1/ED/L and her husband (DSP #2) picked him up and took him to the ER."</p> <p>- "That day [Client #3] had been dropped off around 9am (at the day program) and picked up around 10:30am... Before that had noticed problems: tremors and once he soiled himself on stage (early April 2023) and didn't know ... That was unusual for him."</p> <p>Interview on 6/27/23 and 7/6/23 with the PCP-NP revealed:</p> <p>- DSP #2 brought Client #1 to the office with his swollen leg.</p> <p>- "No way this (cellulitis to this extreme) could have happened in 12 hours."</p> <p>- "I have repeatedly referred (Client #2) to neurology and they (the facility) refuse to take him. The patient wants to go. It's out of town and inconvenient."</p> <p>- Referrals were made to neurology for Client #2 on 6-16-23 and 3-23-21. His last visit to neurology was on 4-8-21 with a follow up in a year but has not gone back.</p> <p>- "Referral was made to urology for Client #2 on 2-18-22 but he never went."</p> <p>- "He (Client #2) is not having issues with his shunt but that is not when you send them. Then you are in deep doo-doo."</p> <p>- Client #3 came in for an office visit on one occasion without a staff member present.</p> <p>- GHM #1 told her she "had concerns that the medication (for Client #3) being prescribed" from [another prescribing provider] wasn't doing anything for him for his anxiety."</p> <p>- "Told GHM #1 that I could make adjustments to medications for [Client #3] but he could not go back to [another prescribing provider]" after adjustments were made.</p>	V 291		

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V 291	<p>Continued From page 55</p> <p>-2/14/23: adjusted meds for Client #3 and to follow up in 3-4 weeks.</p> <p>-3/14/23: "...caregiver (DSP #2) that brought patient ...last 2 new meds given at last visit have helped patient ..."caregiver states these changes are working well ...report from [GHM #1] told presenting caregiver with him today it is working well."</p> <p>-Facility staff (unidentified) called the office on 4/10/23 and reported "Client #3 had a new onset of nervousness and shaking ... The facility did not request an appointment but was directed to the ER if this was indeed new behaviors."</p> <p>-Client #3 was taken to the ER and staff (unknown) reported that "[Client #3] had gradual decline since medication change on 2/14/23."</p> <p>-On 5/3/23, "I told the QP #1/Executive Director/Licensee "I can't treat him (Client #3) if I don't know everything ..."</p> <p>"-I told them not to take him back to [another prescribing provider] if I was to manage his psych medications ...I told her (QP #1/ED/L) that if you go to the ER and tell them something opposite from what I have been told, that is inappropriate."</p> <p>-Was not aware that the other prescribing provider had put him on Cogentin.</p> <p>"Following instructions is not their (the facility) strong suit."</p> <p>"-Did refer [Client #3] to neurology ...she (neurologist) called me and talked to me ...felt those extra parametrial effects were from the medication."</p> <p>"-I referred him originally to the (prescribing provider) ...I wanted him (Client #3) to have counseling. They prescribed psychiatric medications, and I can't see what they are prescribing ..."</p> <p>"-My biggest concern is that some of these patients are not getting the care they need. It will affect their health and some will not survive."</p>	V 291		

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V 291	<p>Continued From page 56</p> <p>Interview on 7/11/23 with the Neurology PA revealed: -"He (Client #3) looked like a severe Parkinson's patient." -"He developed Neuroleptic Parkinson's from the medication." -"The Abilify was causing the symptoms he was having." -"The effects are permanent." -"He seems improved to a point."</p> <p>Interview on 7/10/23 with the QP#1/ED/L revealed: -Acting QP since previous QP left on 3/31/23. -Responsible for coordinating medical care. "I tried to do that ...coordinate with the GHM ..." -Notified about Client #1's foot around 10:00pm on 3/20/23 and told staff they did not need to call Emergency Medical Services (EMS) that night. -Not sure why Client #1's foot would not have been seen earlier by staff as he was given a bath in the mornings. -Unaware of follow up appointment for podiatry for Client #1. -Didn't know why there wasn't information in the file about Client #2's CPAP (continuous positive airway pressure) machine or that the PCP-NP didn't know the sleep study had been completed. -In April 2021 at the neurology appointment for Client #2, "the doctor didn't say he had to return unless he has a problem." -Client #3 was taken back to another prescribing provider after his ER visit because he already had an appointment scheduled. -Felt that the PCP-NP knew Client #3 had seen both doctors. -"Thought all doctors could see what each other were doing and could pull it up on the internet." -Thought PCP-NP had Client #3's information</p>	V 291		

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V 291	Continued From page 57 from another prescribing provider, "would have thought [PCP-NP] would have automatically gotten that information." -"I guess it's all of us together...supposed to know what's going on ..." This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days	V 291		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility	V 540		

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V 540	<p>Continued From page 58</p> <p>impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to ensure the client rights to dignity and humane care in the provision of personal health, hygiene, and grooming was implemented affecting 1 of 3 audited clients (#2).</p> <p>Review on 7-5-23 of Client #2's record revealed: -Admission date: 6/10/97. -Diagnoses: Spina Bifida, Hypertension, Ventriculoperitoneal Shunt, Gastroesophageal Reflux Disease, Squamous Cell Cancer of skin of Buttock, Lower Paraplegia, Neurogenic Bladder, and Morbid Obesity.</p> <p>Observation and Interview on 7/18/23 of Client #2 at approximately 12:33 PM revealed: -Seated in a motorized wheelchair with his legs wrapped in red ace-type bandages. -An odor of urine came from his person. -"I'm incontinent to a point." -"Had a choice of whether to use a catheter ... had frequent UTIs." -Used adult diapers and catheter when needed. -Can smell when getting an infection, "I can't feel it." -He told staff when he needed assistance with changing or checking skin breakdown. -Was responsible for changing himself and had an alarm on his phone to let him know when to use the restroom. -Used a catheter in the past that had a bag attached to his leg, "but stopped using it." -Had a change of clothes he kept at the day program, "because I'm dealing with the public ...I</p>	V 540		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/07/2023
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NAME OF PROVIDER OR SUPPLIER SWAIN STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1224 SWAIN STREET N WILKESBORO, NC 28659
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V 540	<p>Continued From page 59</p> <p>go to the bathroom every hour." -Staff will help me if needed. -"There are times I have skin breakdowns in areas I can't see even though I have mirrors ...easier to let staff check." -"[GHM #1] will check in on me if I'm in the bathroom too long."</p> <p>Interviews on 7/6/23 and 7/12/23 with the Group Home Manager #1 revealed: -"[Client #2] needs help with hygiene ...no feeling from the waist down." -"[Client #2] had used a catheter, but it had rubbed his penis raw, and he hadn't used it since (approximately 10-11 months ago)." -Client #2 wore adult diapers. -The facility had a bidet to help him with hygiene. -Client #2 said he was fine to change daily. -Client #2 was his own guardian.</p> <p>Interview on 8/4/23 with the Former Group Home Manager #3 revealed: -Knew that Client #2 was incontinent and susceptible to Urinary Tract Infections. -Because of Client #2's Lymphedema, Client #2 got "bird baths" and was not showered. -Would prompt Client #2 to change himself if he smelled and to hang up his laundry. -"Never did anything with hygiene except remind him to change, if anything smelled like pee or bm (bowel movement)" -Would check Client #2 for skin breakdown, "at least every other day, if not every day." -Denied that there was an issue with Client #2 smelling like urine revealing: "not often."</p> <p>Interview on 7/25/23 with the Qualified Professional #2 -Knew Client #2 from the day program. -They prompted him regularly to change at the</p>	V 540		

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V 540	<p>Continued From page 60</p> <p>day program, every two hours and there are a change of clothes for him there.</p> <p>-Client #2 reported to her that his "room smells because the current staff weren't following up with him ...and he doesn't want to do it (clean up)."</p> <p>-Client #2 was "handling everything related to urinary (needs at the facility) and staff isn't pressuring or following up."</p> <p>Interview on 7/12/23 with the Primary Care Provider-Nurse Practitioner (PCP-NP) revealed:</p> <p>-Client #2 would be susceptible to skin breakdown and urinary retention from wearing adult diapers.</p> <p>Interview on 7/12/23 with the Qualified Professional #1/Executive Director/Licensee revealed:</p> <p>-"Didn't think Client #2 used a catheter." -"[Client #2] takes care of himself so I wouldn't know." -"Don't have a process for assessing his ability for self-care...he [Client #2] always took care of it."</p> <p>Observation on 7/5/23 at 11:00AM of the facility revealed:</p> <p>-There was a strong odor of urine when walking down the hall towards client bedrooms. -Client #2's bedroom had a strong odor of urine. -Client #2's bathroom which was across from his bedroom had yellow/brown stains around the toilet base that appeared to be built up with urine.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 540		

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V 736	Continued From page 61	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe and clean manner, and free from offensive odor. The findings are:</p> <p>Observation on 7/5/23 at 11:10 am to 2:30pm of the facility revealed:</p> <ul style="list-style-type: none"> -Urine odor throughout the facility. -Client #2's bedroom and the bathroom at the end of the hall smelled strongly of urine. There were beige seat cushions in the dining room with brown stains on it. -Two cooked, unwrapped meat patties on a spoon rest on the stove, initially observed at 11:10am. Both unwrapped meat patties were still present at 2:30pm. -Trash bags filled with linens were beside the front door. -Shredded mail (approximately 15-20 letters) was on the floor in the living room. -Client #4's bedroom had a cable hanging from the ceiling. -Bathroom at the end of the hall had white splatter on mirror. Area around the base of the toilet extending out approximately a foot was splattered with a yellow-brown substance. -Client #5's room had clothes, plastic bags, shoes, hats, box fan, empty bottles, notebooks, cane, and other personal belongings covering the floor blocking the way to the closet. Power strip on a plastic chair beside the bed with cords 	V 736		

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V 736	<p>Continued From page 62</p> <p>tangled spilling onto the floor hindering access to the bed.</p> <p>-Client #3's room had all the drawers open with clothes spilling out. Surfaces were covered with papers, books, videos, trash, and other personal belongings.</p> <p>Observation on 7/6/23 at 9:45 am of the facility revealed: -Strong urine odor. -Bag of linens and shredded mail in the same location in living room.</p> <p>Observation on 7/12/23 at 12:15 pm at the facility revealed: -Strong urine odor throughout the facility, mostly concentrated in the bathroom at the end of the hallway and client #2's bedroom.</p> <p>Interview on 7/5/23 with Direct Support Professional (DSP) #2 revealed: -The clients were supposed to clean their rooms and staff follow up.</p> <p>Interview on 7/6/23 with the Group Home Manger (GHM) #1 revealed: -Clients were responsible for cleaning. "These guys are pretty independent. They do their chores and laundry."</p> <p>Interview on 7/25/23 with the Qualified Professional (QP) #2 revealed: -Talked to Client #2 about the urine odor in his room and he said that he used to do better with previous staff. Current staff was not reminding him to clean and was not following up when he didn't feel like cleaning. -Thought the odor was coming from two rooms: Client #1 and Client #2. -Was planning to do a deep clean the following</p>	V 736		

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V 736	Continued From page 63 weekend. Interview on 7/12/23 with the Qualified Professional #1/Executive Director/Licensee (QP#1/ED/L) revealed: -"They (staff) need to do better (with cleaning)."	V 736		