Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-162	A. BUILDING: ______ B. WING ______	R **09/11/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE HEALTH SERVICES 1	**111 RAINEY AVENUE HILLSBOROUGH, NC 27278**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on September 11, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 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 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.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to schedule a review of a plan at least annually affecting two of three audited clients (#1 and #2). The findings are: Review on 9/8/23 of client #1's record revealed: -Admission date of 10/3/08. -Diagnoses of Schizophrenia, History of Substance Abuse, Gastroesophageal Reflux Disease, Constipation, Tardive Dyskinesia, Tinea Pedis and Urinary Incontinence. -Person Centered Plan (PCP) dated 3/16/22 and revised 7/29/22. -There was no documentation of a current plan. Review on 9/8/23 of client #2's record revealed: -Admission date of 8/13/21. -Diagnoses of Schizophrenia, Diabetes, Hypertension and Seizure Disorder. -PCP dated 7/29/22. -There was no documentation of a current plan. Interview on 9/11/23 with the Assistant Director revealed: -She took the PCPs to the facility for all the clients. -Staff #1 "possibly" misplaced the current plans. -The PC Plan meeting was held and she could not remember the exact date.	V 112		

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V 114	Continued From page 2	V 114		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are: Review on 9/8/23 of the facility's fire and disaster drill log from September 2022-September 2023 revealed: -There was only one fire drill completed for the 4th quarter of 2022. -There was only one fire drill completed for the 1st quarter of 2023. -There was only one fire drill completed for the 2nd quarter of 2023. -There was no documentation of any completed disaster drills for September 2022-September 2023. Interview on 9/8/23 with client #1 revealed:	V 114		

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V 114	Continued From page 3 -They did fire and disaster drills with staff. -He thought the drills were conducted about every 3-4 months. Interview on 9/8/23 with client #2 revealed: -They did fire drills with staff. -"He thought the drills were conducted once a month." -He didn't recall them ever doing a disaster drill with staff. Interview on 9/8/23 with client #3 revealed: -"We did drills at the facility with staff." -He did not indicate how often drills were done with staff. Interview on 9/8/23 with staff #1 revealed: -He forgot to do fire and disaster drills with the clients. -He also did not want to wake the clients up during the night to do the drills. -He confirmed staff failed to conduct fire and disaster drills quarterly on each shift. Interview on 9/9/23 with the Assistant Director revealed: -There were two separate staff shifts. -Staff worked 7 days on and 7 days off. -She went to the facilty and showed all staff how to do the drills. -"Staff were doing the drills but not documenting". -She confirmed staff failed to conduct fire and disaster drills quarterly on each shift.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

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V 118	Continued From page 4	V 118		

(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.
(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.
(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.
(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:
(A) client's name;
(B) name, strength, and quantity of the drug;
(C) instructions for administering the drug;
(D) date and time the drug is administered; and
(E) name or initials of person administering the drug.
(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

This Rule is not met as evidenced by:
Based on observations, record reviews and interviews, the facility failed to keep the MAR current affecting two of three audited clients (#1 and #2); failed to ensure medications were administered as ordered affecting one of three

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V 118	Continued From page 5	V 118		

audited clients (#1) and failed to have physician's orders affecting one of three audited clients (#3). The findings are:

1. Review on 9/8/23 of client #1's record revealed:
-Admission date of 10/3/08.
-Diagnoses of Schizophrenia, History of Substance Abuse, Gastroesophageal Reflux Disease, Constipation, Tardive Dyskinesia, Tinea Pedis and Urinary Incontinence.

Review on 9/11/23 of a physician's order for client #1 revealed:
-Order dated 8/31/23 for Ketaconzole Cream 2 % (fungal infections) apply to the affected areas twice daily.

Review on 9/8/23 of a MAR for client #1 revealed:
-September 2023-Staff documented Ketaconzole Cream 2% was administered on 9/1 thru 9/7 am and pm doses.

Observation on 9/8/23 at approximately 12:52 pm of the medication area revealed:
-There was no Ketaconzole 2% Cream available for client #1.

Review on 9/8/23 of client #2's record revealed:
-Admission date of 8/13/21.
-Diagnoses of Schizophrenia, Diabetes, Hypertension and Seizure Disorder.

Review on 9/8/23 of physician's orders for client #2 revealed:
-Order dated 7/24/23 for Vitamin B12 1000 milligrams (mg) (Support Brain Cells), one tablet every morning.
-Order dated 6/23/23 for Propranolol 10 mg (Blood Pressure), take one tablet by mouth every

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V 118	Continued From page 6	V 118		

day.
-Order dated 2/22/23 for Divalproex Sodium ER 500 mg (Seizures), four tablets at bedtime.
-Order dated 12/30/22 for Paliperidone ER 6 mg (Schizophrenia), two tablets at bedtime.
-Order dated 12/1/22 for Buspirone HCL 15 mg (Anxiety), two tablets at bedtime, Symbicort 160-4.5 micrograms (mcg) (Asthma), inhale 2 puffs into lungs twice daily, Omega-3 Fish Oil 1000 mg (Immune system), take one capsule twice daily, Metformin HCL 1000 mg (High Blood Sugar), one tablet twice daily, Lantus Solostar 100 units (High Blood Sugar), inject 28 units into the skin at bedtime, Atorvastatin 40 mg (Cholesterol), take one tablet daily and True Matrix Glucose (Blood Sugar), use one strip to test blood sugar daily.
-Order dated 11/30/22 for Quetiapine Fumerate 400mg (Depression) take two tablets at bedtime.

Review on 9/8/23 of a MAR for client #2 revealed:
August 2023-No staff initials as administered for the following medications:
-Buspirone HCL 15 mg on 8/31
-Paliperidone ER 6 mg on 8/30 and 8/31
-Quetiapine Fumarate 400mg on 8/30 and 8/31
-Metformin HCL 1000 mg on 8/30 and 8/31 both am and pm doses
-Divalproex Sodium ER 500 mg on 8/30 and 8/31
-Omega 3 Fish Oil 1000 mg on 8/30 and 8/31 both am and pm doses
-Lantus Solostar 100 units on 8/30 and 8/31
-Symbicort 160-4.5 mcg on 8/30 and 8/31 both am and pm doses
-Propranolol 10 mg n 8/31
-Quetiapine Fumarate 100 mg on 8/31
-Vitamin B12 1000 mg on 8/31
-Atorvastatin 40 mg on 8/31

Interview on 9/8/23 with client #1 revealed:

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V 118	Continued From page 7 -He had not used the Ketaconzole Cream in 2023. -The last time he remembered using the Ketaconzole Cream was towards the end of 2022. Interview on 9/8/23 with staff #1 revealed: -He had not seen the Ketaconzole Cream for client #1 in about 3 months. -He thought staff #2 "mistakenly" took the Ketaconzole Cream with the other medications that needed to be turned into the pharmacy. -He confirmed the facility failed to ensure medication for client #1 was available for administration. -When he was filling out the MAR for client #1 he would just put his initials for all of the medications. -"He didn't realize he was documenting the Ketaconzole Cream was administered for [client #1] for September 2023." -"I overlooked August 30th and 31st when signing off on the MARs for [client #2]." -He confirmed staff failed to keep the MAR current for clients #1 and #2. Interview on 9/11/23 with the Assistant Director revealed: -"[Client #1] had the Ketaconzole Cream but ran out about two weeks ago." -They were waiting on the pharmacy to refill the medication for client #1. -She confirmed the facility failed to ensure the Ketaconzole Cream for client #1 was available for administration. -Staff failed to keep the MAR current for clients #1 and #2. 2. Review on 9/8/23 of client #3's record revealed:	V 118		

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V 118	Continued From page 8	V 118		

-Admission date of 3/20/10.
-Diagnoses of Paranoid Schizophrenia-Chronic, Cervical Stenosis, Hypertension, Obesity and Chronic low back pain.
-There were no physician's orders for the medications below.

Observation on 9/8/23 at approximately 12:35 pm client #3's medication revealed:
The following medications were available for administration
-Vitamin D 1000 units (Vitamin Deficiency)
-Benztropine Mesylate 0.5 mg (Parkinson's or Involuntary Movements)
-Trazodone 100 mg (Depression and Anxiety)
-Zinc 50 mg (Supplement)
-Senna 8.6 mg (Constipation)
-Albuterol Sulfate 90 mcg (Inhaler)
-Simvastatin 40 mg (Cholesterol)

Review on 9/8/23 of the MAR for client #3 revealed:
-September 2023 MAR-Vitamin D 1000 units, Benztropine Mesylate 0.5 mg, Trazodone 100 mg, Zinc 50 mg, Senna 8.6 mg, Albuterol Sulfate 90 mcg and Simvastatin 40 mg were listed and documented as administered.

Interview on 9/8/23 with staff #1 revealed:
-He thought the physician's orders for client #3 were at the main office.
-He confirmed the facility failed to ensure physician's orders were available for client #3.

Interview on 9/11/23 with the Assistant Director revealed:
-The Executive Director had client #3's physician's orders in his personal vehicle and and he was unavailable.
-She confirmed the facility failed to ensure

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V 118	Continued From page 9 physician's orders were available for client #3. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		