

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-102 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 07/28/2023 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NEBO SUPERVISED LIVING 2

**82 CEMETERY ROAD
NEBO, NC 28761**

| (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 survey was completed on July 28, 2023. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| 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 interview, the facility failed to conduct fire and disaster drills quarterly for each shift. The findings are: Review on 7/28/23 of the fire and disaster drills from July 2022 through June 2023 revealed: | V 114 | DHSR - Mental Health SEP 14 2023 Lic. & Cert. Section All group home staff have been retrained on how to run the emergency plans and supplies appropriately. Group home staff were trained to document the fire and disaster drills properly. Staff acknowledged that there needs to be a fire and disaster drill every quarter for each shift. Administrative staff detailed the training and stated there needs to be one fire drill and one disaster drill done by each employee every quarter. Every quarter, the QP and group home supervisor will review the emergency plan information and fire and disaster drill reports to ensure they are completing them correctly. | Implementa tion date of 08/15/ 2023 Imple menta tion date of 09/01/ 2023 |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

6LY911

If continuation sheet 1 of 2

Limboany Nason

Director of operations 09/14/2023

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-102 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 07/28/2023 |
| NAME OF PROVIDER OR SUPPLIER NEBO SUPERVISED LIVING 2 | | STREET ADDRESS, CITY, STATE, ZIP CODE 82 CEMETERY ROAD NEBO, NC 28761 | | |
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| V 114 | <p>Continued From page 1</p> <p>-July 2023 - September 2023 - no 2nd shift fire drill.</p> <p>-October 2022 - December 2022 - no 2nd shift fire drill.</p> <p>-January 2023 - March 2023 - no disaster drills for 1st or 2nd shifts.</p> <p>-April 2023 - June 2023 - no disaster drills for 1st or 2nd shifts.</p> <p>-October 2022 - December 2022 - no 2nd shift disaster drill.</p> <p>Interview on 7/27/23 with the Director of Operations and the Human Resources Director revealed:</p> <p>-There were 2 staff for the facility.</p> <p>-They work 24 hour shifts and alternated 3 days on and 2 days off.</p> <p>-They were not aware fire and disaster drills needed to be conducted quarterly for each shift.</p> <p>-They would ensure this was corrected to reflect drills were completed per the rule.</p> | V 114 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl-059036 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 07/27/2023 |
| NAME OF PROVIDER OR SUPPLIER NEBO SUPERVISED LIVING | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2121 OLD HWY #10 EAST NEBO, NC 28761 | | |
| (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 July 27, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The 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 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 interview, the facility failed to conduct fire and disaster drills quarterly for each shift. The findings are: Interview on 7/26/23 with the Director of Operations revealed: | V 114 | All group home staff have been retrained on how to run the emergency plans and supplies appropriately. Group home staff were trained to document the fire and disaster drills properly. Staff acknowledged that there needs to be a fire and disaster drill every quarter for each shift. Administrative staff detailed the training and stated there needs to be one fire drill and one disaster drill done by each employee every quarter. Every quarter, the QP and group home supervisor will review the emergency plan information and fire and disaster drill reports to ensure they are completing them correctly. | Implement ation date 08/15/2023 3 Impleme ntation date of 09/01/2023 23 | |

Division of Health Service Regulation

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

Kimberly Mason
STATE FORM

TITLE

Director of operations
6899 C0GW11

(X6) DATE

09/12/2023

If continuation sheet 1 of 4

Division of Health Service Regulation

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| V 114 | Continued From page 1 -There were 2 staff for the facility. -They work 24 hour shifts and alternated 3 days on and 2 days off. Review on 7/27/23 of the fire and disaster drills from July 2022 through June 2023 revealed: -1 fire drill missing for each of the 4 quarters. -1 disaster drill missing for each of the 4 quarters. Interview on 7/27/23 with the Director of Operations and the Human Resources Director revealed: -They were not aware fire and disaster drills needed to be conducted quarterly for each shift. -They would ensure this was corrected to reflect drills were completed per the rule. | V 114 | | | |
| V 118 | 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: | V 118 | All Group Home Clients have been transitioned to electronic MAR and medication administration documentation with chart meds in order to prevent missing orders added after the start of the month. On Monday of every week, the RN or another Chartmeds administrator (in the RN's absence) will run a report to check and see if all medications have been documented as given. In the event of missed medications or medication administration not documented, the RN will investigate the cause and ensure medications are administered as ordered. | Electronic MARs implement ed on 09/01/202 3 Weekly document ation checks started 09/01/202 3 and is on-going. | |

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| V 118 | <p>Continued From page 2</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to administer medications as ordered and maintain a current MAR for one of three clients audited (Client #3). The findings are:</p> <p>Review on 7/27/23 of Client #3's record revealed: -Admitted 10/1/91. -Diagnoses of Moderate Intellectual Developmental Disability, Chronic Kidney Disease Stage IV, Mood Disorder, Vitamin D Deficiency, Major Depressive Disorder, Multiple Myeloma, Hypertension, Hyperlipidemia, and Bell's Palsy.</p> <p>Observation on 7/26/23 at 3:49 p.m. of Client #3's medications revealed: -Cetirizine (antihistamine) 10 milligrams (mg) - 1 tablet every night at bedtime - dispensed 7/6/23.</p> <p>Review on 7/27/23 of a physician's order for Client #3 dated 6/5/23 revealed:</p> | V 118 | | |