

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/27/2023
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NAME OF PROVIDER OR SUPPLIER AFL - ESPENSHADE	STREET ADDRESS, CITY, STATE, ZIP CODE 330 DARNELL LANE WILKESBORO, NC 28697
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed on September 27, 2023. The complaints were unsubstantiated (Intake #NC00204960 and #NC00207283). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for Alternative Family Living.</p> <p>The facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
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 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;</p>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>(D) date and time the drug is administered; and (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 interview, record review, and observation, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe medications and failed to maintain current MARs for 2 of 2 clients (#1, #2). The findings are:</p> <p>Review on 9/12/23 of Client #1's record revealed: -Admission date: 4/4/14. -Diagnoses: Adjustment Disorder with Depressed Mood, Borderline Personality Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Bipolar Affective Disorder with Mania, Depressive Disorder, Osteoarthritis, Panic Disorder, Paranoia, Paranoid Personality Disorder, Post Traumatic Stress Disorder, Mild Intellectual Developmental Disability (IDD).</p> <p>Attempted review on 8/30/23 of Client #1's physician's orders was unsuccessful. There were no orders at the facility available for review.</p> <p>Review on 9/12/23 of Client #1's physician's orders dated 7/24/23 provided by the Qualified Professional/Regional Director (QP/RD) revealed:</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Lamictal (Lamotrigine) (mood) 25 milligrams (mg) - take 1 tablet (tab) at bedtime for 7 days, then take 2 tabs at bedtime for 7 days, then take 3 tabs at bedtime for 7 days, "then stop." -Hydroxyzine HCl (anxiety) 25mg - take 1 tab in the morning and 2 tabs at bedtime. -Xanax (Alprazolam) (anxiety) 0.5mg - take 1 tab twice daily. -Seroquel XR (Quetiapine) (antipsychotic) Extended Release (ER) 300mg - take 1 tab at bedtime. -Seroquel XR ER 150mg - take 1 tab daily. -Escitalopram (Lexapro) (depression/anxiety) 20mg - take 1 tab daily. <p>Further review on 9/19/23 of Client #1's additional medication orders dated 5/22/23 provided by the QP/RD revealed:</p> <ul style="list-style-type: none"> -Calcium 600 with Vitamin D3 (supplement) 600mg-10micrograms (mcg) (400 unit) - take 1 tab for 90 days. -Escitalopram 20mg - take 1 tab for 90 days. -Esomeprazole Magnesium (Nexium) (digestion) 20mg Delayed Release (DR) - 1 capsule (cap) at least 1 hour before a meal for 90 days. -Hydroxyzine HCl 25mg - take 1 tab in the morning and 2 tabs at night. -LoLoestrin Fe (birth control) 1 mg-10mcg - take 1 tab daily for 90 days. -Quetiapine ER 300 mg - take 1 tab at bedtime for 90 days. -Seroquel XR 150mg - take 1 tab in the morning. <p>Review on 8/30/23 of Client #1's August (1st-30th at 2:15pm) 2023 MAR revealed:</p> <ul style="list-style-type: none"> -Medications signed as administered daily by the Alternative Family Living (AFL) Provider #1: <ul style="list-style-type: none"> -"Lexipro 20mg 1/D (1 per day). AM. -Lotrotrigine 100mg added to existing PM Dose. PM. 	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Lotrotrigine 25mg/7 50mg/7 75mg/7 100mg/7 days. PM. - ...Calc (Calcium) 600mg D3 Tab 300 1/D. AM. -Serequel XR 150mg 1/D. AM. -Serequel 300mg 1/D. PM. -Nexium 20mg 1/D. AM. -Hydroxyzine 25mg 1 AM 2 PM. AM. PM." -No listing of Xanax. -No listing of LoLoestrin Fe. <p>Review on 9/12/23 of Client #1's June and July 2023 MARs revealed: July</p> <ul style="list-style-type: none"> -Medications signed as administered daily 7/1/23-7/30/23 by the AFL Provider #1: <ul style="list-style-type: none"> - "Lexipro 20mg1/D. AM. - ...Calc 600mg D3 Tab 300 1/D. AM. -Serequel XR 150mg 1/D. AM. -Serequel 300mg 1/D. PM. -Nexium 20mg 1/D. AM. -Hydroxyzine 25mg 1 AM 2 PM. AM. PM. -Lotrotrigine 25mg/7 50mg/7 75mg/7 100mg/7" - administered 7/26/23-7/31/23 AM. -No recording of "Lotrotrigine 25mg/7 50mg/7 75mg/7 100mg/7, Seroquel 300mg, and Hydroxyzine 25mg 1 AM 2 PM" administered on 7/31/23 during PM. -No listing of Xanax. -No listing of LoLoestrin Fe. <p>June - medications signed as administered daily by AFL Provider #1, unless otherwise noted:</p> <ul style="list-style-type: none"> - "Lexipro 20mg1/D. AM. -HM Halc 600mg D3 Tab 300 1/D. AM. -Serequel XR 150mg 1/D. AM. -Serequel 300mg 1/D. PM. -Nexium 20mg 1/D. AM. -Hydroxyzine 25mg 1 AM 2 PM. AM. PM. -Xanax .05 PRN (as needed). AM. PM." - 	V 118		

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V 118	<p>Continued From page 4</p> <p>signed as administered twice daily 6/14/23 - 6/30/23. -No listing of LoLoestrin Fe.</p> <p>Review on 9/19/23 of pharmacy dispensing history for Client #1's Xanax from 1/1/23 through 8/31/23 provided by the QP/RD revealed: -5/22/23 - 1mg 1 tab three times daily. -8/7/23 - 0.5mg 1 tab twice daily.</p> <p>Interview on 9/14/23 with Client #1 revealed: -Took medication at the facility. - "I don't know what the names (of the medications) are." -Could not identify how many pills she took daily because "there are different (pill) packs at different times." -Could not identify why she took medications. -AFL Provider #1 administered her medications.</p> <p>Observation on 8/30/23 at approximately 2:20pm of Client #1's medications revealed: -The following medications were dispensed in a blister pack on 8/3/23: -Quetiapine ER 150 mg - take 1 tab every morning. -Quetiapine ER 300 mg - take 1 tab at bedtime. -LoLoestrin Fe 1-10 - take 1 tab daily. -Lamotrigine 100mg - take 1 tab at bedtime. -Calc 600mg D3 300 - take 1 tab daily. -Esomeprazole Mag (magnesium) DR 20mg - take 1 cap at least 1 hour before a meal. -Hydroxyzine HCl 25mg - take 1 tab every morning and 2 tabs at bedtime. -Escitalopram 20mg - take 1 tab daily. -The following medication was dispensed in a bottle on 8/7/23: -Xanax 0.5mg - 1 tab twice daily.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Review on 9/12/23 of Client #2's record revealed: -Admission date: 4/7/16. -Diagnoses: Generalized Anxiety Disorder, Down Syndrome, Moderate IDD, Seasonal Allergies.</p> <p>Attempted review on 8/30/23 of Client #2's physician's orders was unsuccessful. There were no physician's orders at the facility available for review.</p> <p>Review on 9/19/23 of Client #2's physician's orders dated 5/22/23 provided by the QP/RD revealed: -Alprazolam 1mg - take 1 tab three times daily for 30 days. -Aygestin (Norethindrone) (birth control) 5mg - take 1 tab daily. -Eliquis (blood thinner) 5mg - take 1 tab twice daily. -Loratadine (allergies) 10mg - take 1 tab for 90 days. -Montelukast (Singulair) (allergies) 10mg - take 1 tab for 90 days. -Pravastatin (cholesterol) 20mg - take 1 tab for 90 days. -Trazodone (sleep) 100mg - take 1 tab at bedtime. -No order for Vitamin D. -No order for Aspirin. -No order for Vitamin B-12.</p> <p>Review on 8/30/23 of Client #2's August (1st-30th at 2:30pm) 2023 MAR revealed: -Medications signed as administered daily by the AFL Provider #1: "-Pravastatin 20mg 1/D. PM. -Trazadone 100mg 1/D. PM. -Singulair 10mg 1/D. PM. -81mg Aspirin (cardiac) 1/D. AM -Vit (Vitamin) D 2,000 u(units) 1/D. AM.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>-B-12 2,500 mg 1/D. AM." -No listing for Eliquis. -No listing of Xanax. -No listing of Aygestin. -No listing of Loratadine.</p> <p>Review on 9/12/23 of Client #2's June and July 2023 MARs revealed: July -Medications signed as administered daily by the AFL Provider #1: "-Pravastatin 20mg 1/D. PM. -Trazadone 100mg 1/D. PM. -Singulair 10mg 1/D. PM. -81mg Aspirin 1/D. AM. -Vit D 2,000 u 1/D. AM. -B-12 2,500 mg 1/D. AM." -No listing of Eliquis. -No listing of Xanax. -No listing of Aygestin. -No listing of Loratadine.</p> <p>June -Medications signed as administered daily by the AFL Provider #1, unless otherwise noted: "-Pravastatin 20mg 1/D. PM. -Trazadone 100mg 1/D. PM. -Singulair 10mg 1/D. PM. -81mg Aspirin 1/D. AM. -Vit D 2000 u 1/D. AM. -B-12 2,500 mg 1/D. AM. -Xanax 0.5mg prn. AM.PM." - signed as administered twice daily 6/14/23-6/30/23. -No listing Aygestin. -No listing of Eliquis. -No listing Loratadine.</p> <p>Review on 9/19/23 of the pharmacy dispensing history for Client #1's Xanax from 1/1/23 through 8/31/23 provided by the QP/RD revealed:</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>-2/18/23 - 0.25mg (unable to read administration directions).</p> <p>-5/22/23 - 1mg 1 tab three times daily.</p> <p>-8/7/23 - 0.5mg 1 tab twice daily.</p> <p>Review on 9/19/23 of a note signed by the pharmacist revealed:</p> <p>-Client #2's Vitamin B12 was discontinued as of 5/13/21 and had not been in the pharmacy dispensed blister packs since that date.</p> <p>Interview on 9/14/23 with Client #2 revealed:</p> <p>-Took medication at the facility.</p> <p>-AFL Provider #1 administered the medication.</p> <p>-"I don't know" the names of the medication or the number of pills received daily.</p> <p>-Medication was kept in the locked kitchen cabinet.</p> <p>-Could not identify if she ever missed any medication.</p> <p>-Took medication "for my period."</p> <p>-Could not identify why she took other medication.</p> <p>Observation on 8/30/23 at approximately 2:30pm of Client #2's medication revealed:</p> <p>-The following medications were dispensed in a blister pack on 8/3/23:</p> <p>-Montelukast Sodium 10mg - take 1 tab daily in the evening.</p> <p>-Trazodone 100mg - take 1 tab at bedtime.</p> <p>-D3 2,000 iu (international units) Bonus Softgels 300 - take 1 cap in the morning.</p> <p>-Pravastatin Sodium 20mg - take 1 tab daily.</p> <p>-Norethindrone 5mg - take 1 tab daily.</p> <p>-Loratadine 10mg - take 1 tab daily.</p> <p>-Aspirin 81mg - take 1 tab daily.</p> <p>-No Vitamin B12.</p> <p>-No Eliquis.</p> <p>-The following medication was dispensed in a bottle on 7/11/23:</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>-Xanax 1 mg - take 1 tab three times daily.</p> <p>Interview on 8/30/23 with the AFL Provider #1 and observation on the same date at approximately 2:50-3:10pm revealed:</p> <ul style="list-style-type: none"> -AFL Provider #1 wrote on Client #1's August 2023 MAR adding LoLoestrin Fe 1-10 tabs and then signed each box indicating medication administration of LoLoestrin from the 1st-30th. - Client #1's notation of "Lotrotrigine 25mg/7 50mg/7 75mg/7 100mg/7" was for Lamotrigine with taper starting at 25mg for 7 days, increasing to 50mg for 7 days, increasing to 75mg for 7 days, increasing to 100mg for 7 days. Did not list each taper increase on different lines of the MARs and was unable to identify the exact dates the increases were implemented. -AFL Provider #1 wrote on Client #2's August 2023 MAR adding Norethindrone and Loratadine and then signed each box indicating medication administration of these medications from the 1st-30th. -Clients received their medications daily from their blister packs. -Clients each had a bottle of medication (Xanax) which was administered "differently than the rest of the medication" but could not provide specific administration details. -Clients received the correct medications as ordered. Was able to identify this because all medications were packaged in the bubble packs by the dispensing pharmacy. -Did not have any medication orders at the facility as they were kept with the QP/RD in the office. -The notation "1/D" on the MAR stood for "1 per day." -"I don't have an excuse for this." <p>Interviews on 9/12/23 and 9/18/23 with the pharmacy staff at the local pharmacy dispensing</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>Clients #1 and #2's medications revealed:</p> <ul style="list-style-type: none"> -Client #1's LoLoestrin was packaged in the bubble pack on 8/3/23 and was packaged that way monthly during previous months. -An additional Lamotrigine order for 100mg daily was written on 7/26/23 and filled on 8/3/23 for Client #1. -Client #1's Xanax order for 0.5mg 1 tab twice daily was a standing order and not a prn order. It was ordered on 7/26/23 with no refills and filled by the pharmacy on 8/7/23 but not picked up until 8/10/23. The pharmacy recently faxed a request to the ordering physician to refill the medication on 9/8/23, but had not yet had a response. -Client #1's Xanax prescription history included: <ul style="list-style-type: none"> -0.5mg 1 tab twice daily dated 12/23/21. -1 mg 1 tab three times daily as needed with no refills dated 6/6/23 and picked up on 6/9/23. -Client #2's B12 2,500mg was discontinued in May 2021. -Client #2's Norethindrone and Loratadine were packaged in the bubble pack on 8/3/23 and were packaged that way monthly during previous months. -Client #2's last Xanax 0.5mg order was dispensed in October 2022. -Client #2's Xanax prescription history included: <ul style="list-style-type: none"> -0.25mg 1 tab twice daily dated 3/18/23; -1mg 1 tab three times daily dated 5/22/23. -1 tab three times daily for 30 days dated 7/11/23. <p>Interview on 8/30/23 with the AFL Provider #2 revealed:</p> <ul style="list-style-type: none"> -"Speak with [AFL Provider #1] about medications. She handled it." <p>Interview on 9/14/23 with the QP/RD revealed:</p> <ul style="list-style-type: none"> -Client #2's Eliquis had been discontinued. Was unable to provide a date or order for 	V 118		

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V 118	<p>Continued From page 10</p> <p>discontinuation.</p> <p>-Client #2's Vitamin B-12 had been discontinued in 2021.</p> <p>-Could not clarify the discrepancies between the medication orders, the MARs, and the medications at the facility.</p> <p>-Would contact the physician's office and pharmacy to clarify discrepancies.</p> <p>Interview on 9/27/23 with the QP/RD revealed:</p> <p>-Developed a form to take on all medical appointments which included a list of the medications the clients received with a spot for changes in medications as well as the prescriber's signature to ensure medication orders were up to date and present in the facility.</p> <p>-"We will get this (corrective steps for the deficiency) taken care of."</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 9/19/23 of the Plan of Protection completed and signed by the QP/RD dated 9/19/23 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? All medications for each consumer in the home will be reviewed to confirm that it matches the medication order, the MAR, and what the pharmacy has listed & placed in the bubble/blister pack or separate bottle. This will be done by AFL Espenshade and QP [QP name]. A Medical Appt. (appointment) Sheet/Record was sent to Dr. (doctor) to review and for signature on all medications for both consumers.</p> <p>Describe your plans to make sure the above happens.</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>Will document in AFL Espenshade regarding review of medications, medication orders, and MAR document results of findings. Will document and file in Medical Apt. (appointment) Info. (information) form in each client record after reviewing."</p> <p>Client #1 was diagnosed with Adjustment Disorder with Depressed Mood, Borderline Personality Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Bipolar Affective Disorder with Mania, Depressive Disorder, Osteoarthritis, Panic Disorder, Paranoia, Paranoid Personality Disorder, Post Traumatic Stress Disorder, and Mild IDD. Client #2 was diagnosed with Generalized Anxiety Disorder, Down Syndrome, and Moderate IDD. Clients #1 and #2 received medications to address medical and psychiatric needs. There were no medication orders maintained at the facility. The QP/RD provided medication orders which did not correspond to listings on the MARs and had expired. Client #1 had 3 expired medication orders but the medications were still being administered. Client #2 had 4 expired medication orders but the medications were still being administered. Client #1's MAR did not include a listing for LoLoestrin Fe for three months. Client #2's MAR did not include a listing for Norethindrome and Loratadine for three months and listed a medication as having been administered although the medication was not present in the facility and had been discontinued over two years ago. 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</p>	V 118		

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V 118	Continued From page 12 of compliance beyond the 23rd day.	V 118		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

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V 132	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to protect clients during an internal investigation for 1 of 2 clients (#1). The findings are:</p> <p>Review on 9/12/23 of Client #1's record revealed: -Admission date: 4/4/14. -Diagnoses: Adjustment Disorder with Depressed Mood, Borderline Personality Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Bipolar Affective Disorder with Mania, Depressive Disorder, Osteoarthritis, Panic Disorder, Paranoia, Paranoid Personality Disorder, Post Traumatic Stress Disorder, Mild Intellectual Developmental Disability.</p> <p>Review on 9/12/23 of an incident report dated 7/14/23 completed by the Qualified Professional/Regional Director (QP/RD) revealed: -Allegation of neglect made by Client #1 against the Alternative Family Living (AFL) Provider #1. -Client #1 requested to be moved from the facility after the allegation of neglect was reported. -There were no steps implemented to protect Client #1 during the internal investigation.</p> <p>Review on 9/12/23 of a police report dated</p>	V 132		

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V 132	<p>Continued From page 14</p> <p>7/19/23 revealed: -Police responded to the facility regarding an allegation of neglect made by Client #1 against the AFL Provider #1.</p> <p>Interview on 8/30/23 with the AFL Provider #1 revealed: -Client #1 made an allegation of neglect against her in mid-July 2023. The incident was investigated by the local police department, Local Management Entity/Managed Care Organization, and an internal investigation was completed by the QP/RD.</p> <p>Interview on 9/12/23 with the QP/RD revealed: -Client #1 made an allegation of neglect against the AFL Provider #1 in July 2023. -An internal investigation was completed regarding the allegation of neglect and the AFL Provider #1 was referred to the Health Care Personnel Registry. -Client #1's legal guardian was notified of the allegation of neglect.</p> <p>Interview on 9/27/23 with the QP/RD revealed: -Acknowledged no steps were taken to protect Client #1 during the internal investigation resulting from the allegation of neglect made by Client #1 against the AFL Provider #1. -"We will get this (corrective steps for the deficiency) taken care of."</p>	V 132		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during</p>	V 367		

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V 367	<p>Continued From page 15</p> <p>the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p>	V 367		

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V 367	<p>Continued From page 16</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p>	V 367		

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V 367	<p>Continued From page 17</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level III incidents to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 9/12/23 of Client #1's record revealed: -Admission date: 4/4/14. -Diagnoses: Adjustment Disorder with Depressed Mood, Borderline Personality Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Bipolar Affective Disorder with Mania, Depressive Disorder, Osteoarthritis, Panic Disorder, Paranoia, Paranoid Personality Disorder, Post Traumatic Stress Disorder, Mild Intellectual Developmental Disability.</p> <p>Review on 9/12/23 of an incident report dated 7/14/23 completed by the Qualified Professional/Regional Director (QP/RD) revealed: -Allegation of neglect made by Client #1 against the Alternative Family Living (AFL) Provider #1.</p> <p>Review on 9/14/23 of the North Carolina Incident Response Improvement System (NC IRIS) for facility reports for period 6/1/23-9/14/23 revealed: -No Level III incident report for the allegation of neglect made by Client #1 against the AFL Provider #1 in July 2023.</p> <p>Interview on 8/30/23 with the AFL Provider #1 revealed: -Client #1 made an allegation of neglect against her in mid-July 2023. The incident was investigated by the local police department,</p>	V 367		

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V 367	<p>Continued From page 18</p> <p>LME/MCO, and an internal investigation was completed by the QP/RD.</p> <p>Interview on 9/18/23 with the supervisor for NC IRIS revealed: -There was an incident report created in July 2023 regarding Client #1's allegation of neglect against the AFL Provider #1, but the incident report was not submitted properly.</p> <p>Interview on 9/7/23 with the QP/RD revealed: -Client #1 made an allegation of neglect against the AFL Provider #1 in July 2023.</p> <p>Interview on 9/27/23 with the QP/RD revealed: -Did not understand why the incident report involving Client #1's allegation of neglect against the AFL Provider #1 in July 2023 was not submitted properly in NC IRIS. -"We will get this (corrective steps for the deficiency) taken care of."</p>	V 367		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p>	V 513		

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V 513	<p>Continued From page 19</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide services and supports that promote a safe and respectful environment for 2 of 2 clients (#1, #2). The findings are:</p> <p>Review on 9/12/23 of Client #1's record revealed: -Admission date: 4/4/14. -Diagnoses: Adjustment Disorder with Depressed Mood, Borderline Personality Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Bipolar Affective Disorder with Mania, Depressive Disorder, Osteoarthritis, Panic Disorder, Paranoia, Paranoid Personality Disorder, Post Traumatic Stress Disorder, Mild Intellectual Developmental Disability (IDD).</p> <p>Review on 9/12/23 of Client #2's record revealed: -Admission date: 4/7/16. -Diagnoses: Generalized Anxiety Disorder, Down Syndrome, Moderate IDD, Seasonal Allergies.</p> <p>Review on 9/12/23 of a police report dated 7/19/23 revealed: -Police responded to the facility regarding an allegation of neglect made by Client #1 against</p>	V 513		

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V 513	<p>Continued From page 20</p> <p>the Alternative Family Living (AFL) Provider #1. -During follow-up interview with the police officer on 7/20/23, the AFL Provider #1 " ...told me [Client #1] is not allowed to sit on some of the furniture because she does have issues controlling her bodily functions. She says this has happened recently and is somewhat a regular occurrence ...[AFL Provider #1] told me the incident about going out to eat and [Client #1] not eating at the restaurant was true. She said [Client #1] ate at the house (facility) before they left and she had gotten into trouble and lost her privilege of going to the restaurant."</p> <p>Interview on 9/14/23 with Client #1 revealed: -Did not always have money to eat out in restaurants with the AFL Providers #1 and #2. -There were times the AFL Providers #1 and #2 ate in restaurants and brought her and Client #2 along. Clients #1 and #2 sat at the table and watched the AFL Providers #1 and #2 eat their restaurant meals. -Ate food at the facility before she went to the restaurants with the AFL Providers #1 and #2 when she did not have enough money to eat out. At these times, she would have a glass of water at the restaurant while the AFL Providers #1 and #2 ate their meals. -Not allowed to watch television. Television was taken away "a couple of months ago" because "I wasn't behaving." Will get her television privileges back "whenever they (AFL Providers #1 and #2) say." -Told to sit on the floor and not sit on the furniture by the AFL Providers #1 and #2 "because I got bad hygiene ...until I wash my body better, I can't sit on the furniture." -Client #2 was not allowed to sit on the furniture either. -Was not included in gatherings at the facility</p>	V 513		

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V 513	<p>Continued From page 21</p> <p>when the AFL Providers #1 and #2 had company and was required to stay in her bedroom because "they (AFL Providers #1 and #2) tell me to."</p> <p>Interview on 9/14/23 with Client #2 revealed: -The AFL Providers #1 and #2 went out to eat "all the time" and Clients #1 and #2 go with them. -AFL Provider #1 told Client #1 that "she (Client #1) does not make enough money to eat out." There were times when Client #1 had to eat at the facility before leaving for the restaurant and then sat at the restaurant and watched the AFL Providers #1 and #2 and client #2 eat their restaurant meals. Was not able to identify specific dates when this has happened. "I don't know when." -AFL Provider #1 said "[Client #1] does not have money to eat in restaurants." -Sat on the floor in the facility because the AFL Providers #1 and #2 "don't let me sit on furniture ...I keep peeing myself all the time." -Client #1 also had to sit on the floor in the facility. -AFL Provider #1 says: "Get off my furniture. Sit on the floor." -The AFL Providers #1 and #2 once had a cook-out at the facility and she was allowed to participate but Client #1 was "not allowed at the cook-out" and "had to stay in her (Client #1's) room." -One time Client #1 was napping and "did not listen to nobody." The AFL Providers #1 and #2 "kept calling her (Client #1's) name" but Client #1 "did not come down for dinner." When Client #1 woke up she was not given any dinner because the food was all put away.</p> <p>Interview on 8/30/23 the AFL Provider #1 revealed: -Clients do not always have enough money for dining out at restaurants or other expenses.</p>	V 513		

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V 513	<p>Continued From page 22</p> <ul style="list-style-type: none"> -Clients spend their personal spending money and paychecks as they choose. -Did not forgo eating in restaurants because Clients #1 and #2 spent their money. -Clients #1 and #2 not being able to eat in a restaurant because they spent their money was a "natural consequence." -Denied clients were not allowed to sit on the furniture. -Denied clients were not allowed to watch the television. -"No restrictions" at the facility. <p>Interview on 8/30/23 with the AFL Provider #2 revealed:</p> <ul style="list-style-type: none"> -Denied Clients #1 or #2 were instructed to sit on the floor and were told they were not allowed to use the furniture. -Denied there were any restrictions to access food or watch television. <p>Interview on 9/27/23 with the Qualified Professional/Regional Director (QP/RD) revealed:</p> <ul style="list-style-type: none"> -Concerned that both Clients #1 and #2 reported similar incidents regarding events at the facility. -Acknowledged the concerns expressed by Clients #1 and #2, as well as the information in the police report, did result in a living environment which was not respectful. -Client #1 was allowed to watch television but her DVD (digital video device) was broken. -Will provide additional training and supervision to the AFL Providers #1 and #2 moving forward. -"We will get this (corrective steps for the deficiency) taken care of." <p>Review on 9/27/23 of the Plan of Protection completed and signed by the QP/RD dated 9/27/23 revealed:</p> <p>"What immediate action will the facility take to</p>	V 513		

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V 513	<p>Continued From page 23</p> <p>ensure the safety of the consumers in your care? The Regional Director (QP/RD) has reviewed with [AFL Provider #1] and [AFL Provider #2] the rule violation and the examples discussed during the exit conference around providing a respectful environment. The AFL will provide chairs for consumers to sit on that are not fabric and will provide each consumer a personal cushion that can be washed they can sit on the upholstery furniture. Consumer (Client #1) was napping or in her room and did not come to dinner when called multiple times and was told later that she missed dinner. AFL will go up to room and knock & ask if she is refusing dinner. AFL will also set aside a sandwich and fruit or chips in the event the consumer comes down later to eat. Consumer states she has had TV (television) withheld or removed but currently AFL was told the DVD player was broken. Until the DVD is repaired or replaced and moving forward the consumers share TV time in the "man-cave." Also spoke with the AFL about going to eat when consumers do not have money. In the past she has made sure they have eaten before going. However, if the AFL wants to go out to eat and consumer can't they need to find a "sitter" or get take out or delivery."</p> <p>Describe your plans to make sure the above happens. Regional Director (QP/RD) is scheduled to meet with AFL next week to make sure that any necessary items have been purchased. RD will also talk with consumers to make sure everything is being implemented and continuing to monitor or a regular basis by checking in with consumers and AFL."</p> <p>Client #1 was diagnosed with Adjustment Disorder with Depressed Mood, Borderline</p>	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/27/2023
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NAME OF PROVIDER OR SUPPLIER AFL - ESPENSHADE	STREET ADDRESS, CITY, STATE, ZIP CODE 330 DARNELL LANE WILKESBORO, NC 28697
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V 513	Continued From page 24 Personality Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Bipolar Affective Disorder with Mania, Depressive Disorder, Osteoarthritis, Panic Disorder, Paranoia, Paranoid Personality Disorder, Post Traumatic Stress Disorder, and Mild IDD. Client #2 was diagnosed with Generalized Anxiety Disorder, Down Syndrome, and Moderate IDD. The clients were not allowed to sit on the facility furniture and were instructed to sit on the floor. When the AFL Providers #1 and #2 went out to eat, the clients were taken to restaurants and given only a glass of water to drink while they watched the AFL Providers #1 and #2 eat their meals. Client #1 was not allowed access to watching television and not allowed to engage in social events at the facility. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. An administrative penalty of \$200.00 per day is imposed for failure to correct within 45 days.	V 513		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:	V 542		

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V 542	<p>Continued From page 25</p> <p>(1) assure to the client the right to deposit and withdraw money;</p> <p>(2) regulate the receipt and distribution of funds in a personal fund account;</p> <p>(3) provide for the receipt of deposits made by friends, relatives or others;</p> <p>(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;</p> <p>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;</p> <p>(6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;</p> <p>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</p> <p>(8) provide the client with a quarterly accounting of his personal fund account.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain records regarding the receipt and distribution of client funds for 2 of 2 clients (#1, #2). The findings are:</p> <p>Review on 9/12/23 of Client #1's record revealed: -Admission date: 4/4/14. -Diagnoses: Adjustment Disorder with Depressed Mood, Borderline Personality Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Bipolar Affective Disorder with Mania, Depressive Disorder, Osteoarthritis, Panic Disorder, Paranoia, Paranoid Personality</p>	V 542		

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V 542	<p>Continued From page 26</p> <p>Disorder, Post Traumatic Stress Disorder, Mild Intellectual Developmental Disability (IDD).</p> <p>Review on 9/12/23 of Client #2's record revealed: -Admission date: 4/7/16. -Diagnoses: Generalized Anxiety Disorder, Down Syndrome, Moderate IDD, Seasonal Allergies.</p> <p>Attempted review on 9/12/23 of Clients #1 and #2's client funds accounts was unsuccessful. There was no documentation of the receipt and distribution of client funds available for review.</p> <p>Review on 9/14/23 and 9/18/23 of Clients #1 and #2's payroll records received from the vocational workshop for pay dates 4/28/23-9/15/23 revealed: -Client #1's payroll: -4/28/23 \$93.14. -5/12/23 \$88.47. -5/26/23 \$73.05. -6/9/23 \$53.98. -6/23/23 \$53.98. -7/7/23 \$21.59. -7/21/23 \$54.77. -8/18/23 \$35.47. -9/1/23 \$41.64. -9/15/23 \$31.90. -Client #2's payroll: -4/28/23 \$69.40. -5/12/23 \$77.11. -5/26/23 \$67.85. -6/9/23 \$58.30. -6/23/23 \$61.69. -7/7/23 \$57.06. -7/21/23 \$60.58. -8/4/23 \$66.32. -8/18/23 \$52.44. -9/1/23 \$60.15. -9/15/23 \$53.98.</p>	V 542		

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V 542	<p>Continued From page 27</p> <p>Interview on 9/14/23 with Client #1 revealed: -Was paid approximately \$50.00-\$75.00 per paycheck every two weeks from the vocational workshop she attended. -Received personal spending money of \$15.00-\$20.00 " ...every so often ...maybe every two weeks" from the AFL Provider #1. -Could not identify where her monthly personal spending money and payroll paychecks were spent.</p> <p>Interview on 9/14/23 with Client #2 revealed: -Was paid approximately \$50.00 per paycheck every two weeks from the vocational workshop she attended. -Could not identify where her monthly personal spending money and payroll paychecks were spent.</p> <p>Interview on 8/30/23 with the Alternative Family Provider (AFL) #1 revealed: -Clients spent their personal spending money and paychecks as they chose.</p> <p>Interview on 9/19/23 with the Qualified Professional/Regional Director (QP/RD) revealed: -Clients #1 and #2 each received \$66.00 per month for personal spending money. -Clients #1 and #2 received paychecks from the vocational workshop they attended. -Clients #1 and #2 were paid every other week by the vocational workshop, each earning approximately \$40.00-\$50.00 per pay period. -The AFL Provider #1 was the representative payee for the clients. -The AFL Provider #1 handled all financial matters for the clients and received oversight during annual audits from the Social Security Administration. -There was no policy regarding the bookkeeping</p>	V 542		

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V 542	<p>Continued From page 28</p> <p>of client funds for cases where the AFL Provider was the Representative Payee.</p> <p>-There was no internal oversight for the receipt and distribution of client funds for Clients #1 and #2.</p> <p>Interview on 9/27/23 with the QP/RD revealed:</p> <p>-Will implement and monitor internal oversight for the receipt and distribution of client funds for Clients #1 and #2 moving forward.</p> <p>-"We will get this (corrective steps for the deficiency) taken care of."</p>	V 542		