

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2023
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NAME OF PROVIDER OR SUPPLIER ASBURY FAMILY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 9425 BURMESTER LANE MINT HILL, NC 28227
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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 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 9/29/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This 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</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the 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>	V 118		

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>(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 record review and interviews and observation, the facility failed to ensure medications were administered on the written order of a physician for 1 of 2 clients (#2). The findings are:</p> <p>Review on 9/28/23 of Client #2's record revealed: -Admitted 3/22/23. -Diagnoses of Obesity, Schizoaffective Disorder Bipolar Type, Bipolar Disorder, Intermittent Explosive Disorder, Moderate Intellectual Disability, Myopia, Hypertensive Crisis, Allergic Rhinitis, Congenital Ptosis, Fetal Alcohol Syndrome.</p> <p>Review on 9/29/23 of a physician order dated 5/18/23 for Client #2 revealed: -Fluticasone (relieve allergy symptoms) 50 microgram (mcg) - Use 1 spray each nostril every other day.</p> <p>Observation on 9/28/23 at 2:45pm of Client #2's medications revealed: -Fluticasone 50 mcg - Use 1 spray each nostril every other day.</p> <p>Review on 9/28/23 of client #2's MAR for the dates of 9/1/23 through 9/28/23 revealed:</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-Fluticasone 50 mcg initialed as administered on 9/6/23-9/9/23 and 9/16/23.</p> <p>-No other dates were initialed as administered during the month of September.</p> <p>Interview on 9/28/23 with Staff #1 revealed: -"The doctor says it (Fluticasone) is a PRN (as needed). He took it more during allergy season. Sometimes I use it if [Client #2] says he needs it."</p> <p>Interview on 9/28/23 with Client #2 revealed: -"My allergies were bothering me this morning." -Did not tell Staff #1 today that his allergies were bothering him.</p> <p>Interview on 9/29/23 with the Director revealed: -Medications should have been given as ordered. -Staff #1 "needs to be retrained on Medication Administration."</p>	V 118		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the</p>	V 290		

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V 290	<p>Continued From page 3</p> <p>following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review, interviews and observation, the facility failed to assess the client's capability of having unsupervised time alone in the facility affecting one of two clients (#1). The findings are:</p> <p>Review on 9/28/23 and 9/29/23 of Client #1's</p>	V 290		

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V 290	<p>Continued From page 4</p> <p>record revealed:</p> <ul style="list-style-type: none"> -Admission date of 9/6/21. -Diagnoses of Autism, Seizure Disorder, Obsessive Compulsive Disorder, Tourette's Syndrome. -Treatment Plan dated 8/1/23 included no assessment of Client #1's ability to have unsupervised time in the facility. <p>Observation on 9/28/23 at 4:32 pm revealed:</p> <ul style="list-style-type: none"> -Staff #1 left the facility with Client #2. -Client #1 remained in the facility alone and unsupervised. <p>Interview on 9/29/23 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He was sometimes allowed to stay in the facility alone and unsupervised. -He had not been left alone for long periods of time in the facility. -Was not left alone "very often." <p>Interview on 9/29/23 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -Left Client #1 alone in the facility while he was completing transportation duties for the day program. -Client #1 "can stay by himself 2-3 hours." -"When he (Client #1) gets anxiety, he needs to be by himself." <p>Interview on 9/29/23 with the Director revealed:</p> <ul style="list-style-type: none"> -Client #1 "has always been allowed to stay by himself up to 2 hours. He is a smart guy." -Client #1's mother reported that 2 hours of unsupervised time had been discussed in the treatment planning meeting. -Could not locate documentation regarding unsupervised time for Client #1. 	V 290		