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	MHL026-857	A. BUILDING: _____ B. WING _____	R 11/02/2023

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ELITE CARE SERVICES AT MIDDLE RD	711 MIDDLE ROAD FAYETTEVILLE, NC 28302

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on November 2, 2023. The complaint was unsubstantiated (Intake #NC00208220). 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 beds and currently has a census of 6. 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 interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:	V 114		

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V 114	Continued From page 1 Review on 11/01/23 and 11/02/23 of the facility records revealed: -No 3rd shift fire or disaster drills had been completed. -No disaster drills had been completed for the 4th quarter. During interview on 11/01/23 client #2 revealed: -He had not done a fire or disaster drill since he had lived at the facility. During interview on 11/01/23 client #6 revealed: -He had not done a fire or disaster drill in "a while." During interview on 11/02/23 the Executive Director revealed: -The shift for the facility were 1st shift was 8:00am-4:00pm, 2nd shift was 4:00pm-12:00am and 3rd shift was 12:00am-8:00am. -She would ensure the fire and disaster drills were getting completed on all shifts. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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.	V 118		

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V 118	Continued From page 2 (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 record reviews and interviews the facility failed to keep the MARs current affecting 2 of 3 audited clients (#1 and #6). The findings are: Finding #1 Review on 11/01/23 and 11/02/23 of client #1's record revealed: -Admission date of 12/31/09. -Diagnoses of Chronic Obstructive Pulmonary Disease, Moderate Intellectual Disability, General Anxiety Disorder, Depression and Schizophrenia.	V 118		

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V 118	Continued From page 3 Review on 11/01/23 and 11/02/23 of client #1's Physician orders revealed: 04/28/23 -Amlodipine 2.5mg (treat high blood pressure) Take 1 tablet by mouth once daily. -Meloxicam 15mg (anti-inflammatory) Take 1 tablet by mouth once daily. -Metoclopramide 5mg (nausea) Take 1 tablet by mouth four times daily. -Pantoprazole 40mg (stomach ulcers) Take 1 tablet by mouth once daily. -Vitamin D2 1.25mg (supplement) Take 1 capsule by mouth every month. -Acetamin 500mg (pain) Take 1 tablet by mouth every 6 hour for Arthritis. 02/07/23 -Diazepam 5mg (anxiety) Take 1 tablet by mouth three times daily for anxiety. 09/07/23 -Divalproex 500mg (bipolar disorder) Take 2 tablets by mouth every evening. 09/27/23 -Haloperidol 10mg (schizophrenia) Take 1 tablet by mouth once daily. -Paliperidone ER 6mg (schizophrenia) Take 1 tablet by mouth once daily. 08/22/22 -Trelegy Ellipta 100/62.5/25 (COPD) Inhale 1 puff by mouth once daily. -Ventolin HFA (asthma) Inhale 2 puffs by mouth every 4 hours. -Vitamin C 500mg (supplement) Take 1 tablet by mouth once daily. Review on 11/01/23 and 11/02/23 of client #1's September, October and November 2023 MAR revealed the following dates without initials to indicate the medication had been given: -Amlodipine 2.5 mg-11/01/23, 09/17/23. -Meloxicam 15mg-11/01/23.	V 118		

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V 118	Continued From page 4 -Metoclopramide 5mg-11/1/23 8am and 12pm, 10/2/23-10/6/23 12pm, 09/10/23 8am, 09/16/23-09/17/23 8am, 09/17/23-09/22/23 12pm, 09/27/23-09/28/23 8pm. -Pantoprazole 40mg-11/01/23, 09/23/23-09/24/23. -Vitamin D2-Only supposed to be given once a month and initials were on 10/01/23, 10/08/23, 10/15/23, 10/22/23, 10/29/23, 09/03/23, 09/10/23. -Acetamin 500mg-11/01/23 8am, 10/01/23 6pm, 10/03/23 6pm, 10/06/23-10/08/23 6pm, 10/10/23 6pm, 10/13/23-10/15/23 6pm, 10/14/23 6pm, 10/20/23-10/21/23 6pm, 10/24/23 6pm, 10/26/23-10/29/23 6pm, 10/31/23 6pm. -Diazepam 5mg-11/01/23 8am, 10/20/23 2pm, 10/01/23 8pm. -Divalproex 500mg-09/01/23 8pm. -Haloperidol 10mg-11/01/23. -Paliperidone 6mg-11/01/23 8am. -Trelegy Ellipta-11/01/23. -Ventolin HFA-11/01/23. -Vitamin C-11/01/23 8am. Attempted to interview client #1 on 11/01/23 and interview was unsuccessful. Finding #2 Review on 11/01/23 and 11/02/23 of client #6 revealed: -Admission date of 09/07/22. -Diagnoses of Schizophrenia, Bipolar Type. Review on 11/01/23 and 11/02/23 of client #6's Physician orders revealed: 08/02/23 -Aripiprazole 20mg (schizophrenia) Take 1 tablet by mouth once daily. -Hydroxyzine Pam 50mg (anxiety) Take 1 capsule by mouth three times daily. -Lithium Carb 300mg (bipolar) Take 1 capsule by mouth every morning.	V 118		

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V 118	Continued From page 5 04/25/23 -Atorvastatin 40mg (cholesterol) Take 1 tablet by mouth once daily. Review on 11/01/23 and 11/02/23 of client #6's November 2023 MAR revealed the following dates without initials to indicate the medication had been given: -Aripiprazole 20mg- 11/01/23. -Atorvastatin 40mg- 11/01/23. -Hydroxyzine Pam 50mg- 11/01/23. -Lithium Carb 300mg- 11/01/23. During interview on 11/01/23 client #6 revealed: -He received his medication daily. During interview on 11/01/23 staff #1 revealed: -She reviewed the MARs daily to make sure staff were giving the medication daily. During interview on 11/02/23 the Executive Director revealed: -She would ensure the staff would complete the MARS after each medication was given. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 367	27G .0604 Incident Reporting Requirements 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 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	V 367		

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V 367	Continued From page 6 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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	V 367		

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V 367	Continued From page 7 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). (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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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. This Rule is not met as evidenced by:	V 367		

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V 367	Continued From page 8 Based on record reviews and interviews, the facility failed to ensure incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are: Review on 11/1/23 of the North Carolina Incident Response Improvement System (IRIS) for client #1 and client #2 revealed no level II report submitted by the facility. Review on 11/01/23 of the Level 1 facility incident report revealed: "-09/20/23-[Former Staff #4] took [Client #1] to Dr (doctor) appt (appointment). While sitting there in Dr office [Client #1] was talk out loud, saying he not stay there. He got went to elevator got on, got off and start running. [FS #4] went to try find him and he was gone. He call office to let us no. We told him to call, 911 police came to home to get more information. -10/26/23-Client (Client #2) walked off premises and was discovered by sheriffs. Once staff noticed consumer walked away, there were calls made to inform the right people of this situation. Consumer was not hospitalized and was brought back safely by the Sheriff officers." During interview on 11/02/23 the Executive Director revealed: -She would ensure Level II incident reports were correctly completed. -The agency was under new ownership and they were in the process of getting all paperwork organized.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	Continued From page 9 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. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 11/01/23 at approximately 11:00am revealed: -Soiled carpet throughout the facility. -The blinds in client #2 and client # 4's bedroom had broken slats in the blinds. -The light fixture was missing the globe. -The hall bathroom the wallpaper on the walls the seams were peeling and one light bulb was not working. -The wall area above the dishwasher had exposed wall. -The 2nd hall bathroom had one light bulb that was not working. -Client #5's bedroom the wall behind the bed was stained and dirty. During interview on 11/01/23 the Executive Director revealed: -The facility was under new ownership. -They were in the process of completing repairs throughout the facility. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		