

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-170</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/10/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WILSON COUNTY GROUP HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3108 TILGHMAN RD N</b> <b>WILSON, NC 27893</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed pm August 10, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000	<i>See next Page</i>	
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p>	V 108	<p>DHSR - Mental Health</p> <p>AUG 31 2023</p> <p>Lic. &amp; Cert. Section</p> <p><del>DHSR - Mental Health</del></p> <p><del>SEP 1 2023</del></p> <p><del>Lic. &amp; Cert. Section</del></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Leslie Flowers, Sr. QM Director*

8/28/23

TITLE

(X6) DATE

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to ensure staff were trained to meet the needs of the clients, affecting one of three audited staff (#1). The findings are:</p> <p>Review on 8/9/23 of client #5's record revealed: -23 year old male. -Admission date of 7/18/19. -Diagnoses included Autism Spectrum Disorder, Intellectual Developmental Disorder-Moderate, Asthma, Hypertension and Obesity.</p> <p>Review on 8/9/23 of client #5's signed physician orders dated 7/13/23 revealed: -Epinephrine Injection (epipen) 0.3 milligrams (mg), (allergic reaction), Inject 1 pen intramuscularly as needed.</p> <p>Attempted interview on 8/10/23 with client #5 was unsuccessful due to his diagnoses.</p> <p>Interview on 8/9/23 staff #2 stated: -She had worked at the facility about 3 years. -She knew how to use the epipen. -She had not had formal training in the use of client #1's epipen.</p> <p>Interview on 8/10/23 the Qualified Professional</p>	V 108	<p>Epi pen and injections will be included in the trainings for all residential Med Admin Training– incorporated into the curriculum by October 8<sup>th</sup>.</p> <p>The RN will provide a training to this home no later than 10/8/23</p>	<p>10/8/23</p> <p>10/8/23</p>

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V 108	<p>Continued From page 2</p> <p>(QP) stated: -He has worked as QP since 2021. -There had been no formal training on the use of client #5's epipen. -Client #5 had not had any adverse reactions nor had he required the use of the epipen. -He understood the need to have staff formally trained on the use of client #5's epipen.</p> <p>Interview on 8/10/23 the Interim Regional Director/Program Coordinator stated: -Staff had not had formal training on the use of the epipen. -All staff had completed Clinical Laboratory Improvement Amendments (CLIA) training and they thought the epipen was covered under that. -The CLIA training did not specifically review the use of an epipen. -She understood staff were required to maintain training to meet the needs of the clients.</p> <p>This is a recited deficiency and must be corrected within 30 days.</p>	V 108		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of</p>	V 117		

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V 117	<p>Continued From page 3</p> <p>unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to maintain pharmacy packaging labels as required for each prescription drug dispensed for one of three audited clients (#5). The findings are:</p> <p>-23 year old male admitted 7/18/19. -Diagnoses included Autism Spectrum Disorder, Intellectual Developmental Disorder-Moderate, Asthma, Hypertension and Obesity.</p> <p>Review on 8/9/23 of client #5's signed physician orders dated 7/13/23 revealed: -Voltaren 1% Gel (arthritis) 4 grams topically 4 times daily, as needed.</p> <p>Observation on 8/10/23 at approximately 10:29am of client #5's medication revealed:</p>	V 117	<p>V117 –</p> <p>New medication was ordered August 10<sup>th</sup>.</p> <p>Staff complete the facility review Checklist monthly.</p> <p>QM will include review of labels against the MAR.9/1/23</p>	<p>8/10/23</p> <p>9/1/23</p>

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V 117	<p>Continued From page 4</p> <p>-1 tube of Diclofenac Sodium Topical (Voltaren) gel 1%, more than 3/4 full without a full pharmacist label in a clear plastic bag. -A thin white label on the backside of the Voltaren tube that had client #5's name, and the medication name and other numbers on it.</p> <p>Attempted interview on 8/10/23 with client #5 was unsuccessful due to his diagnoses.</p> <p>Interview on 8/10/23 staff #2 stated: -Medications were delivered to the facility. -She thought the client #5's may have been delivered like that</p> <p>Interview on 8/10/23 the Qualified Professional stated: -The tube of Diclofenac Sodium Topical 1% gel that was in the plastic bag was Client #5's Voltaren gel. -The required label was on the back of the tube. He would contact the pharmacy about the label. -He understood the facility was required to maintain pharmacy packaging labels as required for each prescription drug dispensed.</p>	V 117		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND 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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p>	V 736		

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V 736	<p>Continued From page 5</p> <p>Observations on 8/9/23 between 3:20pm and 4:00pm during the facility tour revealed:</p> <ul style="list-style-type: none"> <li>-Hall bathroom by the dining area had a shower curtain that had dark stains and residue on it; there was rust colored stains going down the tile wall of the shower by hand rail.</li> <li>-Client #5 had a nightstand that was missing 2 knobs on the bottom drawer and missing 1 knob on the top drawer.</li> <li>-Client #1's nightstand was missing a handle on the bottom drawer.</li> <li>-Client #4's nine drawer dresser- left side middle drawer missing 1 nob, 2 drawers at the bottom left were missing 4 handles; the rights side bottom drawer was missing 2 handles and the middle drawer missing handle and the second drawer from top was missing a handle.</li> </ul> <p>Interview on 8/10/23 the Qualified professional stated:</p> <ul style="list-style-type: none"> <li>-The facility had bought replacements for the dressers but they have to get a different kind.</li> <li>-He understood the facility was required to maintain a safe, clean, attractive and orderly manner.</li> </ul> <p>This is a recited deficiency and must be corrected within 30 days.</p>	V 736	<p>QM will reach out to facilities regarding the rust coming out of the hand rail area. Regarding a replacement handrail – may require a new seal or another hand rail.</p> <p>All resident's knobs will be replaced by September 1<sup>st</sup>.</p>	<p>9/1/23</p> <p>9/1/23</p>