

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WARREN STREET</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WARREN STREET</b> <b>WARRENTON, NC 27589</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 11/17/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to develop and implement goals &amp; strategies to meet the needs for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 10/31/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 6/1/17</li> <li>- diagnoses of Schizophrenia &amp; Alcohol Abuse</li> <li>- treatment plan dated 3/3/23 had the following information: <ul style="list-style-type: none"> <li>- "...what's important: ...make sure his trach (tracheostomy) is clean"</li> <li>- Clinical/Assessment dated 3/27/23: "...had a tracheostomy in 2013 ...continues to struggle with his trach, has a tendency of pulling it out and has had to have it replaced multiple times since 2017 ..."</li> <li>- no goals or strategies regarding the trach being pulled out by client #1</li> </ul> </li> </ul> <p>Observation on 10/31/23 at 2:08pm of client #1 revealed the following:</p> <ul style="list-style-type: none"> <li>- a multicolor bandana around his neck</li> </ul> <p>During interview on 10/31/23 client #1 reported:</p> <ul style="list-style-type: none"> <li>- had pulled the trach out approximately 8 times</li> <li>- the last time he pulled it was a month or so ago</li> <li>- thought he could live without the trach</li> <li>- was his "last &amp; final time" pulling out the trach</li> <li>- his doctor told him if he pulled it out again, it</li> </ul>	V 112		

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V 112	<p>Continued From page 2</p> <p>could be life threatening</p> <p>During interview on 11/1/23 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- worked at the facility approximately 3 months</li> <li>- Lead Staff informed him client #1 pulled out his trach</li> <li>- the Lead Staff requested client #1 be closely monitored</li> </ul> <p>During interview on 11/1/23 the Lead Staff reported:</p> <ul style="list-style-type: none"> <li>- a month ago client #1 pulled his trach out</li> <li>- he informed her he removed it and she immediately rushed him to the doctor's office</li> <li>- it had been awhile since he had removed it</li> <li>- his doctor had a long talk with him (client #1) about the removal of the trach</li> <li>- his doctor informed him, it could possibly lead to severe health complications</li> <li>- she informed staff to monitor him closer but did not give a time frame</li> </ul> <p>During interview on 11/1/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- she had worked for the facility 3 years</li> <li>- in the three years she worked, he removed the trach twice with only once this year (2023)</li> <li>- was aware of his previous history of client #1 removing the trach</li> <li>- had a goal for client #1 to keep his trach clean since he had not pulled it out in awhile</li> <li>- she requested client #1 place a bandana around his neck to prevent the trach from being seen</li> <li>- she and the Lead Staff were in the process of scheduling a treatment team meeting for client #1 for better ways to prevent him from removing the trach</li> </ul>	V 112		

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V 118	Continued From page 3	V 118		
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> <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:</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Based on record review and interview the facility failed to ensure staff recorded immediately after administration for 3 of 3 audited clients (#1, #2, and #5). The findings are:</p> <p>A. Review on 10/31/23 of client #1's record revealed</p> <ul style="list-style-type: none"> <li>- admitted: 6/1/17</li> <li>- diagnoses: Schizophrenia &amp; Alcohol abuse</li> <li>- physician order dated 5/1/23:</li> <li>- Aripiprazole 20mg bedtime (Schizophrenia)</li> <li>- Cetirizine 10mg bedtime (allergy)</li> <li>- Duloxetine 30mg bedtime (anxiety)</li> <li>- Fenofibrate 145mg everyday (QD) (cholesterol)</li> <li>- Multivitamin QD</li> <li>- Simvastatin 40mg qhs (cholesterol)</li> <li>- Tamsulosin .4mg QD (enlarged prostate)</li> <li>- Metoprolol 25mg BID (blood pressure)</li> <li>- Levetiracetam 750mg BID (8am (morning) &amp; 8pm) (hypothyroidism)</li> <li>- physician order dated 12/22/22 revealed:</li> <li>- Furosemide 40mg QD (fluid retention)</li> <li>- physician order dated 10/30/23 revealed:</li> <li>- Gabapentin 300mg TID (three times day) -8am, 2pm, 8pm (seizure)</li> <li>- no order for Gabapentin prior to 10/30/23</li> </ul> <p>Review on 10/31/23 of client #1's September 2023 &amp; October 2023 MARs revealed:</p> <ul style="list-style-type: none"> <li>- September 2023 MAR (no staff initials on the following dates):</li> <li>- Cetirizine: 9/26/23 &amp; 9/30/23</li> <li>- Gabapentin: (8am): 9/1/23 - 9/3/23, 9/29/23 - 9/30/23; (8pm) 9/22/23, 9/27/30/23</li> <li>- Simvastatin: 9/30/23</li> <li>- Tamsulosin: 9/26/23</li> <li>- Metoprolol: 9/26/23</li> <li>- Levetiracetam: 9/19/23</li> <li>- Furosemide 40mg QD (fluid retention)</li> <li>- October 2023 MAR:</li> </ul>	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- no staff initials documented on the entire month of October MAR 2023 for the above medications listed on the physician's orders</li> </ul> <p>B. Review on 10/31/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- a physician's order dated 2/14/23:</li> </ul> <p>Review on 10/31/23 of client #2's October 2023 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Aspirin: 81 mg daily (pain)</li> <li>- Clozapine: 100mg daily (behavior)</li> <li>- Fenofibrate: 160mg daily (cardiovascular)</li> <li>- Fluticasone: 50 Mcg (microgram) daily (asthma)</li> <li>- Januvia: 100mg daily (diabetes)</li> <li>- Lisinopril: 20-12.5 daily (blood pressure)</li> <li>- Metoprolol: 25mg daily (beta blocker)</li> <li>- Atorvastatin: 40mg daily (cholesterol)</li> <li>- Cetirizine: 10mg Tablet daily (allergies)</li> <li>- Metformin 500mg daily (diabetes)</li> <li>- Glipizide 10mg daily (diabetes)</li> <li>- staff initialed 6 times for the entire month</li> </ul> <p>C. Review on 10/31/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 6/6/23</li> <li>- diagnoses: Schizophrenia, Hyperlipidemia &amp; Hypertension</li> <li>- FL2 dated 4/10/23 and signed by the physician revealed the following medications:</li> <li>- Metoprolol: 25mg am</li> <li>- Lovastatin: 20mg bedtime (cholesterol)</li> <li>- Benzotropine: 1mg BID (8am &amp; 8pm) (side effects)</li> <li>- Fluphenazine: 10mg am &amp; 3 bedtime (8am &amp; 8pm) (Schizophrenia)</li> <li>- Clozapine: 100mg 8am &amp; 8pm</li> </ul> <p>Review on 10/31/23 of client #5's September 2023 &amp; October 2023 MARs revealed:</p>	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- September 2023 MARs (no staff initials documented on the following dates):</li> <li>- Metoprolol: 9/23/23 - 9/24/23</li> <li>- Lovastatin: 9/21/23 - 9/24/23</li> <li>- Benzotropine: (8am) 9/23/23 - 9/24/23, (8pm) 9/21/23 - 9/21/14 - 9/24/23</li> <li>- Fluphenazine: 9/21/23, 9/24/23 &amp; 9/26/23</li> <li>- Clozapine: (8am) 9/21/23 - 9/24/23, no doc (8pm) 9/21/23 - 9/24/23</li> <li>- October 2023 MAR</li> <li>- Metoprolol: 10/7/23 - 10/30/23</li> <li>- Lovastatin: 10/2/23 - 10/3/23 &amp; 10/25/23 - 10/26/23</li> <li>- Benzotropine: no staff initials for entire month at 8am</li> <li>- Fluphenazine: (8am) 10/7/23 - 10/31/23, (8pm): 10/25/23 - 10/26/23</li> </ul> <p>During interview on 10/31/23 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- the pharmacy did not send the October 2023 MAR</li> <li>- the Lead staff reminded him the MARs needed to be initialed after administration of medications</li> <li>- he initialed client #5's October MAR on some days in October but not all days</li> <li>- the printed October 2023 MAR did not look like the MAR from the pharmacy, therefore, he did not initial client #1's October 2023 MAR</li> </ul> <p>During interview on 10/31/23 the Lead staff reported:</p> <ul style="list-style-type: none"> <li>- the pharmacy did not send the October 2023 MAR for client #1</li> <li>- she printed a copy of an MAR and requested staff sign the October 2023 MAR</li> <li>- the printed MAR had the same information as the MARs from the pharmacy</li> <li>- since the MAR was not from the pharmacy, "guess staff thought the MAR was not legit" "</li> <li>- she left sticky notes to remind staff to sign the</li> </ul>	V 118		

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V 118	<p>Continued From page 7</p> <p>MARs but they would forget</p> <ul style="list-style-type: none"> <li>- had not written staff up, "tried to give them a chance"</li> <li>- there were times she "got busy" and did not sign the September &amp; October MARs</li> <li>- planned to ask management if a nurse could review their MARS</li> </ul> <p>During interview on 11/1/23 the QP reported:</p> <ul style="list-style-type: none"> <li>- was the Lead Staff's responsibility to review the MARs</li> <li>- the Lead staff did not make her aware staff did not sign the MARs</li> </ul> <p>During interview on 11/1/23 the Executive Director reported:</p> <ul style="list-style-type: none"> <li>- each facility came up with their own medication system</li> <li>- would put a medication system in place</li> </ul> <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>	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall</p>	V 121		



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V 121	<p>Continued From page 8</p> <p>be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a review of each clients' drug regimen at least every six months for 2 of 3 audited clients (#2 and #5). The finding are:</p> <p>A. Review on 10/31/23 or client #2's record revealed:            - admission date: 5/1/11            - diagnosis: Schizoaffective disorder            - a physician order dated 2/14/23:            - Aripiprazole 20mg (milligram) bedtime (Schizophrenia)            - Duloxetine 30mg bedtime (anxiety)            - no documentation of any drug regimen reviews</p> <p>B. Review on 10/31/23 of client #5's record revealed:            - admitted 6/6/02            - diagnoses: Schizophrenia, Hyperlipidemia &amp; Hypertension            - a physician's order dated 4/20/22: Clozapine 100mg am and 2 bedtime (Schizophrenia)            - no documentation of any drug regimen reviews</p> <p>During interview on 11/1/23 the Qualified Professional reported:            - was not sure who was responsible for ensuring drug regimen reviews were completed            - she would ensure drug regimen reviews were completed at least every 6 months</p>	V 121		

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V 291	Continued From page 9	V 291		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to coordinate with other qualified professionals who were</p>	V 291		

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V 291	<p>Continued From page 10</p> <p>responsible for the treatment/habilitation for 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 10/31/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admission date: 5/1/23</li> <li>- diagnoses: Schizoaffective disorder &amp; Diabetes</li> <li>- physician order dated 2/25/19: check blood sugar daily</li> </ul> <p>Review on 10/31/23 of the facility's Blood Sugar Testing Sheet for client #2 revealed:</p> <ul style="list-style-type: none"> <li>- 13 days in October 2023 of undocumented blood sugar checks:</li> <li>- 10-2-23</li> <li>- 10-3-23</li> <li>- 10-4-23</li> <li>- 10-5-23</li> <li>- 10-8-23</li> <li>- 10-12-23</li> <li>- 10-22-23</li> <li>- 10-23-23</li> <li>- 10-24-23</li> <li>- 10-25-23</li> <li>- 10-26-23</li> <li>- 10-30-23</li> <li>- 10-31-23</li> </ul> <p>Observation on 10/31/23 at 11:00am of client #2's glucometer revealed:</p> <ul style="list-style-type: none"> <li>- the glucometer wouldn't turn on</li> </ul> <p>During interview on 10/31/23 client #2 reported:</p> <ul style="list-style-type: none"> <li>- checked his own blood sugars every morning</li> <li>- he dropped the glucometer 2 or 3 days ago and it stopped working</li> </ul> <p>During interview on 11/1/23 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- the Lead Staff worked the morning shift and was supposed to check client #2's blood sugar</li> </ul>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WARREN STREET</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WARREN STREET</b> <b>WARRENTON, NC 27589</b>
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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 291	<p>Continued From page 11</p> <p>During interview on 10/31/23 the Lead Staff reported:</p> <ul style="list-style-type: none"> <li>- client #2 could not check his blood sugar unless staff gave him the glucometer</li> <li>- client #2 dropped the glucometer today (10/31/23) &amp; he was not able to check his blood sugar</li> <li>- "staff get lazy" and needed to remind client #2 to check his blood sugar</li> <li>- staff was supposed to document client #2's blood sugar after he checked it</li> <li>- his blood sugar needed to be monitored to tell if they were "high or low"</li> </ul> <p>During interview on 10/31/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- client #2 checked his own blood sugars</li> <li>- staff monitored the blood sugar and documented it</li> <li>- the Lead Staff was responsible for ensuring the blood sugar was documented daily</li> </ul>	V 291		