

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2023
NAME OF PROVIDER OR SUPPLIER SPECIAL UNION HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 704 EAST UNION STREET MAIDEN, NC 28650		
(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	INITIAL COMMENTS An annual and complaint survey was completed on 11/20/23. The complaint was unsubstantiated (# NC208108). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	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 record review and interview, the facility failed to develop and implement treatment strategies to address the clients' needs for 1 of 2 audited clients (#2). The findings are:</p> <p>Record review on 11/15/23 for Client #2 revealed: -Date of admission: 12/17/22. -Diagnoses: Aspergers syndrome, Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Mood Disorder, Oppositional Defiant Disorder. -Consent for Rights Limitation signed by guardian 10/11/23 noted "Description of the Limitation: Cell phone agreement/consequences. Approved cell phone usage hours from 2/3pm-8pm Monday-Sunday being supervised by staff, after shower and chore of the day is completed. Saturday/Sunday if chores and shower are completed earlier [Client #2] can have the cell phone usage earlier than 8pm. Detailed Justification for limiting this right: Due to the history of elopement, Discussing HIPAA information, communication with people she doesn't know for her safety, refusing showering and completing chores." -There were no strategies identified in the treatment plan for Client #2 to attain compliance in order to gain total access of her cell phone.</p> <p>Interview on 11/15/23 and 11/17/23 with Client #2 revealed:</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>-Didn't have her cell phone during the day until after chores were done usually after 2pm.</p> <p>-I was at 1 or 2 of the (team) meetings. [Qualified Professional] (QP) makes all the decisions and [Guardian] just does what she says."</p> <p>-Kept her phone in a lock box in the medication closet overnight. She knew the code to lock or open the box. She charged her phone during the day so she could immediately use it when she was allowed.</p> <p>Interview on 11/16/23 with Client #2's Guardian revealed:</p> <p>-Client #2 didn't want to admit she didn't know how to do something. She felt she could live independently.</p> <p>-My supervisor and I agree with guidelines RHA (License) has in place. We discuss and agree or disagree before anything is put into place. I was allowing her (Client #2) to have her cell phone all the time. When she ran, we decided we should pull back some. We cut out the morning shower music and during the day program."</p> <p>Interview on 11/15/23 with Staff #1 revealed:</p> <p>-Just 1 month ago Client #2 lost access to her phone during the day. She doesn't have her phone during the day and can't take it in the bathroom anymore. She had radio now or blue tooth with the phone left in the office.</p> <p>-Had "heard her [Client #2] talking to random boys saying inappropriate things. [The QP] talked to her and told staff to enforce the rules."</p> <p>-Client #2 had a 2nd phone the whole time. She had it when the police brought her back 2 weeks ago.</p> <p>She left saying one of her friends was in the hospital so she was going to see him.</p> <p>Interview on 11/15/23 with the House Manager</p>	V 112		

Division of Health Service Regulation

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V 112	Continued From page 3 revealed: -Kept Client #2's phone locked overnight so she can't run with it. She had eloped twice. Two weeks ago she went into Client #1's room, locked the door and climbed out the window going to meet a friend. -She had a boyfriend in another town; that's where she went the 1st time she eloped. -She had her phone with her all the time at day program and was not participating in any activities because she was on her phone. Interview on 11/17/23 with the Qualified Professional and the Regional Administrator revealed: - Had a zoom meeting on 10/11/23 to discuss phone restrictions for Client #2 and have signed consent from Client #2's guardian. "This restriction also went through our Human Rights Committee." -"We don't have updated plan from Care Coordinator. It takes 2 weeks to get approval through MCO (Managed Care Organization) process." -"We did everything except update the treatment plan because we don't write the plan."	V 112		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. .	V 123		

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V 123	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 2 audited clients (#2). The findings are:</p> <p>Record review on 11/15/23 for Client #2 revealed: -Date of admission: 12/17/22. -Diagnoses: Aspergers syndrome, Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Mood Disorder, Oppositional Defiant Disorder. -Physician ordered medications included: -Proto-med cream 2.5% (hemorrhoids)-insert into rectum twice daily for 10 days ordered on 11/2/23. -Athletes foot 1% Aerosol Powder (athlete's foot)-spray once daily ordered on 11/1/23.</p> <p>Review on 11/15/23 of 9/1/23-11/15/23 MARs for Client #2 revealed: -Procto-med cream was marked as refused on 11/6/23, 11/9/23, 11/10/23, 11/12/23, 11/13/23 am doses and 11/7/23, 11/9-11/12/23 pm doses. (10 doses) -Athlete's foot aerosol was marked as refused on 11/6/23, 11/10/23, 11/14/23. (3 doses) -There were no notes to indicate staff reported the refusals to the Licensee's nurses nor making a physician or pharmacist aware.</p> <p>Interview on 11/17/23 with Client #2 revealed: -She took medications every day for anxiety, mood, vitamins and to help her sleep. -"I can self administer myself but some staff don't</p>	V 123		

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V 123	<p>Continued From page 5</p> <p>let me."</p> <p>- "Refused ones that I know I don't need or don't like. Some are really gross or I don't like how they make me feel."</p> <p>Interview on 11/16/23 with the Qualified Professional revealed:</p> <p>- "I look at quickmar to make sure its all signed. The nurses go to the houses monthly."</p> <p>Interview on 11/16/23 with the Regional Administrator revealed:</p> <p>- Staff continue to try to give a medication for an hour. Staff document in quick mar that client refused medication. Staff call the nurse on call and the nurse on call contacts the doctor.</p> <p>- Have a medication variance form to document staff's failure to correctly administer medications but only use the quick mar system to document client refusal of medication.</p> <p>- Staff did not notify the nurses Client #2 had refused any medications.</p>	V 123		