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	MHL036-068	A. BUILDING: _____ B. WING _____	R 02/09/2024

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{V 000}	INITIAL COMMENTS A follow up survey was completed on 02/09/2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The survey sample consisted of audits of 4 current clients. The Surveyor was unable to determine if the previously cited deficiencies (V108, V109, V112, and V537) were corrected during this survey due to insufficient time to review for compliance.	{V 000}		
{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. (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;	{V 118}		

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{V 118}	Continued From page 1 (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 observations, record reviews, and interviews, the facility failed to ensure medications were administered on the written order of a physician and the MARs kept current affecting 4 of 4 audited Clients (#1, #2, #3, and #4). The findings are: CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements/Medication Errors (V123). Based on record review and interviews, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 2 of 4 audited Clients (#2 and #4). Finding #1: Reviews on 02/02/2024 and 02/05/2024 of Client #1's record revealed. -52-years-old. -Admitted 07/07/2004. -Diagnosed with Mild Intellectual Developmental Disability (IDD), Down Syndrome, Depressive Disorder, Hypothyroidism, Alzheimer's Dementia	{V 118}		

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{V 118}	Continued From page 2 without Behavior Disturbance, Chronic Kidney Disease (Stage 3), Increased Lactic Acid Level, Anemia, and Thrombocytopenia. Medication orders for: -07/05/2023; Memantine 10 mg (milligram) (Memory Loss)- Take 1 tab (tablet) by mouth twice daily. -08/30/2023; Olanzapine 5 mg (Bipolar Disorder)- Take 1 tab by mouth at bedtime. -09/11/2023; Tamoxifen 20 mg (Prevent Breast Cancer)- Take 1 tab by mouth every day. -09/11/2023; Atorvastatin 20 mg (High Cholesterol)- Take 1 tab at bedtime. -11/28/2023; Levetiracetam 250 mg (Seizures)- Take 2 tabs by mouth at bedtime. -12/01/2023; Culturelle Digest Health (Probiotic)- Take 1 cap (capsule) by mouth twice daily. -01/03/2024; Betamethasone .01% cream (Itching/Irritation)- Apply to area on scalp once daily. No medication orders for: -Levothyroxine 75 mcg (microgram) (Underactive Thyroid)- Take 1 tab by mouth every Sunday, Tuesday, Wednesday, Thursday, Friday, and Saturday. -Therems Tablet (Multivitamin)- Take 1 tab by mouth every day. -Vitamin D3 2000 IU (International Unit) (Vitamin D Deficiency)- Take 1 tab by mouth every day -Refresh Liquigel eye drops (Dry Eye)- Place 1 drop in each eye at bedtime. Reviews on 02/02/2024 and 02/05/2024 of Client #1's MARS from 01/04/2024 - 02/05/2024 revealed: -The medications listed above were transcribed on Client #1's MAR. Medications documented as administered when Client #1 was hospitalized and/or on therapeutic leave:	{V 118}		

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{V 118}	Continued From page 3	{V 118}		

-01/11/2024 at 8 pm; Atorvastatin 20 mg.
-01/11/2024 at 8 pm; Culturelle Digest Health.
-01/11/2024 at 8 pm; Levetiracetam 250 mg.
-01/11/2024 at 8 pm; Memantine 10 mg.
-01/11/2024 at 8 pm; Olanzapine 5 mg.
-01/11/2024 at 8 pm; Refresh Liquigel eye drop.
-01/11/2024 at 8 pm; Tamoxifen 20 mg.
-01/11/2024 at 8 pm; Betamethasone .01% cream.
-MAR comments for 01/10/2024 revealed: "Reasons: Therapeutic Leave (Away Greater Than 24 hours). Notes: Resident has been hospitalized since December 2023."
-MAR comments for 01/11/2024 revealed: "Reasons: Therapeutic Leave (Away Greater Than 24 hours)." No notes.
-MAR comments for 01/12/2024 revealed: "Reasons: Therapeutic Leave (Away Greater Than 24 hours). Notes: Resident has been hospitalized since December 2023."
-Client #1 had a total of 8 medication doses documented as administered when she was not present at the facility.

Observation on 02/02/2024 at approximately 10:30 am of Client #1's medication container revealed:
-There were no medications present.

Finding #2:

Reviews on 02/02/2024 of Client #2's record revealed:
-36-years-old.
-Admitted 11/10/2009.
-Diagnosed with Mild IDD and Generalized Anxiety Disorder.
Medication orders for:
-06/01/2023; Omeprazole DR (Delayed Release) 40 mg cap (Acid Reflux)- take 1 cap by mouth

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{V 118}	Continued From page 4 every morning. -01/19/2024; Januvia 50 mg (Lower Blood Sugar)- take 1 tab by mouth before breakfast. Reviews on 02/02/2024 and 02/05/2024 of Client #2's MARS from 01/04/2024 - 02/05/2024 revealed: Medications with no staff initials for administration: -01/18/2024 - 01/29/2024 at 8 am; Omeprazole DR 40 mg. -01/20/2024 at 7 am; Januvia 50 mg. -Client #2 had a total of 13 missed medication doses with no staff initials for administration. Observation on 02/02/2024 at approximately 11:37 am of Client #2's medication container revealed: -Omeprazole DR 40 mg was present and dispensed by the pharmacy on 01/23/2024. -Januvia 50 mg was present and dispensed by the pharmacy on 01/23/2024. Finding #3: Reviews on 02/02/2024 and 02/05/2024 of Client #3's record revealed: -48-years-old. -Admitted 1999. -Diagnosed with Moderate IDD, Anxiety, Hypothyroidism, and Closed Head Injury. Medication order for: -04/03/2023; Vitamin D3 1000 IU tab- take 1 tab by mouth every day. Reviews on 02/02/2024 and 02/05/2024 of Client #3's MARS from 01/04/2024 - 02/05/2024 revealed: -The medication listed above was transcribed on Client #3's MARs.	{V 118}		

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{V 118}	Continued From page 5 Medication documented as administered: -01/30/2024 at 8 am; Vitamin D3 1000 IU. -MAR comments for 01/30/2024 revealed: "Reasons: Medication (med) Unavailable. Notes: Med not here." -Client #3 had 1 medication dose documented as administered when the MAR comments specified the medication was not available. Observation on 02/05/2024 at approximately 12:38 pm of Client #3's medication container revealed: -Vitamin D3 1000 IU was present and dispensed by the pharmacy on 01/23/2024. Finding #4: Reviews on 02/02/2024 and 02/05/2024 of Client #4's record revealed: -41-years-old. -Admitted 10/18/2019. -Diagnosed with Moderate IDD, Attention Deficit Hyperactivity Disorder (ADHD), and Seizure Disorder. Medication orders for: -05/01/2023; Fluticasone 50 mcg nasal spray (Allergies)- place 2 sprays in each nostril every day for allergic rhinitis. -11/07/2023; Clomipramine 25 mg (Obsessive Compulsive Disorder and Impulse Control)- Take 1 cap by mouth every morning. Reviews on 02/02/2024 and 02/05/2024 of Client #4's MARS from 01/04/2024 - 02/05/2024 revealed: Medications with no staff initials for administration: -01/29/2024 at 4 pm; Clomipramine 25 mg. Medication documented as administered when the medication was unavailable for	{V 118}		

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{V 118}	Continued From page 6	{V 118}		

administration:
-02/02/2024 at 8 am; Fluticasone 50 mcg.
-Client #4 had 1 missed medication dose with no staff initials for administration and 1 missed medication dose documented as administered when the medication was not available.

Observation on 02/02/2024 at approximately 12:16 pm of Client #4's medication container revealed:
-Empty bottle of Fluticasone 50 mcg was present and dispensed by the pharmacy on 12/15/2023.
-Clomipramine 25 mg was present and dispensed by the pharmacy on 01/23/2024.

Interview on 02/09/2024 with Client #2 revealed:
-"I get meds (medications) all the time."

Interview on 02/09/2024 with Client #3 revealed:
-Did not miss medication doses.

Interview on 02/09/2024 with Client #4 revealed:
-Received medications as prescribed.

Interview on 02/09/2024 with Client #5 revealed:
-Did not get medications on time.
-"I don't remember (when she last missed a medication dose)."

Interview on 02/05/2024 with Staff #2 revealed:
-Client #4's Fluticasone 50 mcg bottle was empty.
-Client #4 received 1 puff in each nostril instead of the 2 puffs in each nostril as prescribed on 02/02/2024.
-Ordered Fluticasone 50 mcg on 02/02/2024 and was able to administer the medication as prescribed on 02/05/2024.

Interview on 02/02/2024 with the Group Home Manager/Paraprofessional revealed:

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{V 118}	Continued From page 7 -Facility staff were re-trained on Medication Administration (12/01/2023). -"I just had [local pharmacy] to re-send (medication orders for Client #1) those to me." -Client #1's medications were not at the facility and were in the possession of Client #1's mother. -Client #1 had been hospitalized since December 2023 (actual date and reason for hospitalization were unknown). -"The support staff [Staff #2] said it (Fluticasone 50 mcg) just ran out this morning. She said [Client #4] was able to get 1 puff in each nostril. She said she re-ordered it today." -Was not able to explain the medication administration issues for Clients' #1, #2, #3, and #4. Interview on 02/07/2024 with the Local Pharmacist revealed: -"The new order (Client #2's Januvia 50 mg) was received on the 19th (January 2024), we filled it and sent enough for them (Facility) to get through the month. It would have been delivered on the 01/20/2024." -Did not know why Client #2 did not receive Omeprazole DR 40 mg as prescribed since a 30 day supply was filled and mailed for administration on 12/23/2023. -Client #2 would experience heartburn or indigestion symptoms due to not taking Omprazole as prescribed. -"(Client #4's) Fluticasone 50 mcg nasal spray is a 30 day supply. We last filled it on 12/15/2023 and then the request came into refill on 02/02/2024. We shipped it overnight, so it should have arrived on 02/03/2024. It is a 120 spray bottle, and they (facility staff) are instructed to do 2 sprays on each nostril for a total of 4 sprays per day, so it would be a 30 day supply." -If given as prescribed Client #4's Fluticasone	{V 118}		

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{V 118}	Continued From page 8 should have run out on 01/15/2024. Interview on 02/05/2024 with the Residential Director (RD) revealed: -Facility staff were re-trained on Medication Administration (12/01/2023) as a corrective measure. -Was not aware that Client #1 continued to be missing medication orders. -Was not aware of the continued medication administration issues with Clients' #1, #2, #3, and #4. -"I need to follow up with the nurse (about continued medication administration issues)." -"The medication issues are staff errors." Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. Review on 02/08/2024 of the Plan of Protection dated 02/08/2024 and written by the RD revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? V123 - Medication Errors/V118 - Medication Administration Program Director and ESUCP (Easterseals UCP) Nurse will run a medication variance report via [Electronic MAR System] to identify staff person(s) responsible for medication administration and documentation errors. Identified staff person(s) will be suspended from medication administration duties effective immediately. Reinstatement of medication administration duties for identified staff will be determined based satisfactory completion of internal agency protocol. Program Director and ESUCP Nurse will develop a contact list for [Local Pharmacy] and prescribers to be be posted in the	{V 118}		

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{V 118}	Continued From page 9 group home medication closet. Group home staff will receive training on Friday, February 9, 2024 on medication error reporting process. ESUCP Nurse will request copies of active medication prescriptions from [Local Pharmacy] for Resident #1 (Client #1). Active prescriptions will be compared to MAR to ensure congruency, any discrepancies will be identified and communicated to prescriber for correction by Tuesday, February 12, 2024. Describe your plans to make sure the above happens. ESUCP Nurse will conduct weekly MAR reviews to assess administration errors, corresponding incident reports, and communicate corrective actions to the group home manager. ESUCP Nurse will conduct monthly observations of medication administration passes with staff." Clients #1, #2, #3, and #4 diagnoses included Mild IDD, Moderate IDD, Down Syndrome, Alzheimer's Dementia, Chronic Kidney Disease, Anxiety Disorder, Closed Head Injury, Seizure Disorder, Hypothyroidism, ADHD, and Depressive Disorder. Client #1 was missing 4 medication orders and had 8 medications documented as administered when she was not present at the facility. Client #2 had 13 missed medication doses with no staff initials. Client #3 had 1 medication dose documented as administered when the medication was not available for administration. Client #4 had 1 missed medication dose with no staff initials and 1 medication dose documented as administered when the medication was not available for administration. The facility did not report medication administration errors for Clients' #2 and #4 to their pharmacist or physician as required. This deficiency constitutes a Continuing Type A1 rule violation originally cited for serious	{V 118}		

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{V 118}	Continued From page 10 neglect for failure to correct within 23 days.	{V 118}		
{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. . This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 2 of 4 audited Clients (#2 and #4). The findings are: Reviews on 02/02/2024 and 02/05/2024 of Client #2's record revealed: -There was no evidence that Client #2's pharmacist or physician was immediately notified about the 13 missed medication doses with no staff initials. Reviews on 02/02/2024 and 02/05/2024 of Client #2's MARS from 01/04/2024 - 02/05/2024 revealed: -Client #2 had a total of 13 missed medication doses with no staff initials for administration.	{V 123}		

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{V 123}	Continued From page 11 -There was no evidence that Client #2's pharmacist or physician was immediately notified about the above medication errors. Reviews on 02/02/2024 and 02/05/2024 of Client #4's record revealed: -There was no evidence that Client #4's pharmacist or physician was immediately notified about the 1 missed medication dose with no staff initials for administration and the 1 missed medication dose documented as administered when the medication was not available. Reviews on 02/02/2024 and 02/05/2024 of Client #4's MARS from 01/04/2024 - 02/05/2024 revealed: -Client #4 had 1 missed medication dose with no staff initials for administration and 1 missed medication dose documented as administered when the medication was not available. -There was no evidence that Client #4's pharmacist or physician was immediately notified about the above medication errors. Interview on 02/05/2024 with Staff #2 revealed: -Did not immediately notify Client #4's pharmacist or physician when medication was not given as prescribed on 02/02/2024. Interview on 02/02/2024 with the Group Home Manager/Paraprofessional revealed: -Was not sure if Clients' #2 and #4 pharmacist or physician were not immediately notified of medication administration errors. -Clients' #2 and #4 MARs did not specify that their pharmacist or physician had been notified of medication administration errors. Interview on 02/05/2024 with the Residential Director revealed:	{V 123}		

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{V 123}	Continued From page 12 -"The medication issues are staff errors." This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements/Medication Administration (V118) for a Failure to Correct Type A1 rule violation.	{V 123}		
{V 366}	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in	{V 366}		

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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 366}	Continued From page 13 Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the	{V 366}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-068	A. BUILDING: _____ B. WING _____	R 02/09/2024

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{V 366}	Continued From page 14 LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to implement written policies governing their response to Level I incidents. The findings are: Reviews on 02/02/2024 and 02/05/2024 of the facility's incident reports from 01/04/2024 - 02/05/2024 revealed:	{V 366}		

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{V 366}	Continued From page 15 No Incident Reports or Risk/Cause/Analysis (RCA) for: -01/18/2024; Client #2's missed medication dose. -01/19/2024; Client #2's missed medication dose. -01/20/2024; Client #2's (2) missed medication doses. -01/21/2024; Client #2's missed medication dose. -01/22/2024; Client #2's missed medication dose. -01/23/2024; Client #2's missed medication dose. -01/24/2024; Client #2's missed medication dose. -01/25/2024; Client #2's missed medication dose. -01/26/2024; Client #2's missed medication dose. -01/27/2024; Client #2's missed medication dose. -01/28/2024; Client #2's missed medication dose. -01/29/2024; Client #2's missed medication dose. -01/29/2024; Client #4's missed medication dose. -02/02/2024; Client #4's medication not being administered as prescribed. Interview on 02/05/2024 with Staff #2 revealed: -Did not complete an incident report for not administering Client #4's medication as prescribed on 02/02/2024. -"I was not aware that we needed to do one (incident report for not administering Client #4's medication as prescribed on 02/02/2024)." Interview on 02/02/2024 with the Group Home Manager (Paraprofessional) revealed: -Incident reports and RCA were not completed for the incidents listed above. -Facility staff were re-trained on Incident Reporting on 11/21/2023. Interview on 02/05/2024 with the Residential Director revealed: -"Staff were re-trained on Incident Reporting (11/21/2023)." -"The QP (Qualified Professional) is responsible for completing the RCA."	{V 366}		

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{V 366}	Continued From page 16 -Did not know why the incident reports and RCA were not completed for the above incidents. This deficiency has been cited 4 times since the original cite on 02/04/2022 and must be corrected within 30 days.	{V 366}		