

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601432	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2024
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NAME OF PROVIDER OR SUPPLIER FRASER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 EMERALD WOOD DRIVE HUNTERSVILLE, NC 28078
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 2/14/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>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: Based on record review, observation and interview, the facility failed to ensure medications were administered on a written order of a physician and failed to obtain a written physician's order affecting 3 of 3 current clients (#1, #2, #3). The findings are:</p> <p>Review on 2/7/24 of Client #1's record revealed: - Admission date 12/1/19; - Diagnoses Moderate Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Unspecified Affective Psychosis, Obesity, Unspecified Adverse of Anesthesia, Tardive Dyskinesia; - Physician's Order Solifenacin (bladder control) 5 milligrams (mg), Take 1 tablet(tab) by mouth every day, 7/12/23; - No physician's order Austedo (shaking and repeating) 12mg, Take 1 tab by mouth twice daily.</p> <p>Review on 2/8/24 of Client #1's Medication Administration Record (MAR) from November 1, 2023- February 8, 2024 revealed: - Not applicable (n/a) was written beside medication on MAR for February 1, 2023-February 8, 2023 Solifenacin 5mg, Take 1 tab by mouth every day.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 2/7/24 of Client #2's record revealed: - Admission date 4/13/18; - Diagnoses Attention Deficit Hyperactivity Disorder combined type; moderate Intellectual Developmental Disability; Disruptive Mood Dysregulation Disorder, and unspecified Depressive Disorder by history, Exhibitionism; - Physician's Order Loratadine (allergies) 10mg, Take 1 tab daily- 8/15/23; Lamotrigine (mood stabilizer) 10mg take 2 tab daily, 1/16/24; - No physician's order Solifenacin (bladder control) 5mg take 1 tab daily.</p> <p>Review on 2/8/24 of Client #2's MAR from November 1, 2023- February 8, 2024 revealed: - Medications were listed on MAR from February 1, 2023- February 8, 2023 without a signature or explanation for Loratadine 10mg, Take 1 tab daily, Lamotrigine 10mg take 2 tab daily, Solifenacin 5mg.</p> <p>Review on 2/8/27 of Clients #3's record revealed: - Admission date 12/14/20; - Diagnoses Autistic Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, Bipolar Affective Disorder, Scoliosis, unspecified; - No physician's order Loratadine (allergies) 10mg, once daily.</p> <p>Review on 2/8/24 of Client #3's MAR from November 1, 2023- February 8, 2024 revealed: - Medication was listed on MAR from February 1, 2023-February 8, 2023 without a signature or explanation for Loratadine 10mg, once daily.</p> <p>Interview on 2/8/24 with client #1 revealed: - Received medications daily in the morning and at night; - "They (Alternative Family Living (AFL) provider) run out of medication often."</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Interview on 2/8/24 with Client #2 revealed:</p> <ul style="list-style-type: none"> - Walked in the home and yelled "I have not received my Solifenacin in 4 days;" - During the interview, stated received medications daily. <p>Interview on 2/8/24 with Client #3 revealed:</p> <ul style="list-style-type: none"> - Received medications every morning and night; - "Sometimes run out of medication, but then she (AFL provider) goes right there and pick them up." - Unable to give timeframe of not having medication. <p>Interview on 2/13/24 with the local Pharmacist revealed:</p> <ul style="list-style-type: none"> - A person could go "a couple of days" without the medication Lamotrigine and "nothing would happen, the most would be a headache." <p>Interview on 2/8/24 and 2/13/24 with the AFL provider revealed:</p> <ul style="list-style-type: none"> - Made attempts to get medications refilled from the pharmacy for the clients; - Did not have any documentation of coordination of care for attempts to have medications refilled for the clients; - Client #1 had been without her Solifenacin medication for the month of February 2024; - Denied any changes in Client #1 as it relates to using the bathroom more frequently due to not having the medication; - Did not have a physician's order for Client #1's Austedo medication; - Spoke with the primary care provider for Client #1 and was waiting on physician's order for a new prescription of Solifenacin; - Client #1 went to the doctor on 2/9/24 and received a new physician's order for Austedo, due 	V 118		

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V 118	<p>Continued From page 4</p> <p>to the new dosage the medication would be mailed monthly to the home;</p> <ul style="list-style-type: none"> - Client #2 had been without her Solifenacin medication for the month of February 2024; - Denied any changes in Client #2 as it relates to using the bathroom more frequently due to not having the medication; - Received a message on 2/5/24 from local pharmacy, they were waiting on "prescribers' approval" for the Lamotrigine to be refilled; - Client #2's Solifenacin medication was discontinued as of 1/31/24, waiting on the physician to provide the discontinued physician's order; - Realized on 2/9/24, Client #2's prescription for Lamotrigine was changed on 1/16/24 from 2 pills a day to one pill a day; - AFL provider continued to administer the Lamotrigine 2 pills a day instead of 1 pill and client #2 finished medication packet early; - AFL provider paid for Client #2 to receive the Lamotrigine medication until insurance company authorize the next payment; - Spoke with the primary care provider for Client #3's Loratadine medication, waiting for a call back to see if physician will provide a new physician's order before next appointment on April 14, 2024. <p>Interview on 2/12/24 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Was not aware the clients were out of their medications; - Spoke with the AFL provider about the concerns of the clients medications; - Advised the AFL provider to change pharmacies to ensure the clients have their medications and physician's orders; - Planned to have a meeting with AFL provider. 	V 118		

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V 366	Continued From page 5	V 366		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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. <p>(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.</p> <p>(c) In addition to the requirements set forth in 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</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>by:</p> <p>(1) immediately securing the client record</p> <p>by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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</p> <p>(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 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</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to implement policies governing their response to Level I incidents. The findings are:</p> <p>Review on 2/8/24 of the facility's incident reports from November 1, 2023-February 7, 2024 revealed:</p> <p>-No Incident Reports or Risk/Cause/Analysis (RCA) for:</p> <ul style="list-style-type: none"> - Client #1's Solifenacin 5mg was not administered on 2/1/24; - Client #1's Solifenacin 5mg was not administered on 2/2/24; - Client #1's Solifenacin 5mg was not administered on 2/3/24; 	V 366		

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V 366	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Client #1's Solifenacin 5mg was not administered on 2/4/24; - Client #1's Solifenacin 5mg was not administered on 2/5/24; - Client #1's Solifenacin 5mg was not administered on 2/6/24; - Client #1's Solifenacin 5mg was not administered on 2/7/24; - Client #1's Solifenacin 5mg was not administered on 2/8/24; - Client #2's Solifenacin 5mg was not administered on 2/1/24; - Client #2's Solifenacin 5mg was not administered on 2/2/24; - Client #2's Solifenacin 5mg was not administered on 2/3/24; - Client #2's Solifenacin 5mg was not administered on 2/4/24; - Client #2's Solifenacin 5mg was not administered on 2/5/24; - Client #2's Solifenacin 5mg was not administered on 2/6/24; - Client #2's Solifenacin 5mg was not administered on 2/7/24; - Client #2's Solifenacin 5mg was not administered on 2/8/24; - Client #2's Loratadine 10mg was not administered on 2/1/24; - Client #2's Loratadine 10mg was not administered on 2/2/24; - Client #2's Loratadine 10mg was not administered on 2/3/24; - Client #2's Loratadine 10mg was not administered on 2/4/24; - Client #2's Loratadine 10mg was not administered on 2/5/24; - Client #2's Loratadine 10mg was not administered on 2/6/24; - Client #2's Loratadine 10mg was not administered on 2/7/24; 	V 366		

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V 366	<p>Continued From page 9</p> <ul style="list-style-type: none"> - Client #2's Loratadine 10mg was not administered on 2/8/24; - Client #2's Lamotrigine 10mg was not administered on 2/1/24; - Client #2's Lamotrigine 10mg was not administered on 2/2/24; - Client #2's Lamotrigine 10mg was not administered on 2/3/24; - Client #2's Lamotrigine 10mg was not administered on 2/4/24; - Client #2's Lamotrigine 10mg was not administered on 2/5/24; - Client #2's Lamotrigine 10mg was not administered on 2/6/24; - Client #2's Lamotrigine 10mg was not administered on 2/7/24; - Client #2's Lamotrigine 10mg was not administered on 2/8/24; - Client #3's Loratadine 10mg was not administered on 2/1/24; - Client #3's Loratadine 10mg was not administered on 2/2/24; - Client #3's Loratadine 10mg was not administered on 2/3/24; - Client #3's Loratadine 10mg was not administered on 2/4/24; - Client #3's Loratadine 10mg was not administered on 2/5/24; - Client #3's Loratadine 10mg was not administered on 2/6/24; - Client #3's Loratadine 10mg was not administered on 2/7/24; - Client #3's Loratadine 10mg was not administered on 2/8/24; <p>Interview on 2/8/24 with the Alternative Family Living(AFL) provider revealed: - "I didn't know that I needed to complete an incident report"</p>	V 366		

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V 366	Continued From page 10 Interview on 2/12/24 with the Qualified Professional revealed: - Was not aware the clients did not have their medications; - Planned to meet with AFL to discuss incident reports. Interview on 2/12/24 with the Clinical Supervisor revealed: - Was not aware of the clients not having their medications; - There were no incident reports.	V 366		
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 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	V 367		

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V 367	<p>Continued From page 11</p> <p>cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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 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).</p> <p>(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</p>	V 367		

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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 367	<p>Continued From page 12</p> <p>include summary information as follows:</p> <ul style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment areas where services were provided within 72 hours of becoming aware of the incident affecting 3 of 3 current clients. The findings are:</p> <p>Review on 2/8/24 of the facility's incident reports from November 1, 2023- February 7, 2024 revealed:</p> <ul style="list-style-type: none"> - There were no incident reports from November 1, 2023- February 7, 2024. 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601432	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2024
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V 367	<p>Continued From page 13</p> <p>Interview on 2/8/24 with the Alternative Family Living(AFL) provider revealed: - "I didn't know that I needed to complete an incident report"</p> <p>Interview on 2/12/24 with the Qualified Professional revealed: - Was not aware the clients did not have their medications; - Planned to meet with AFL to discuss incident reports.</p> <p>Interview on 2/12/24 with the Clinical Supervisor revealed: - Was not aware of the clients not having their medications; - There were no incident reports.</p>	V 367		