

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/31/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>TAYLOR 2 HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>45 MIDDLE STREET OLD FORT, NC 28762</b>			
(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, complaint, and follow up survey was completed on January 31, 2024. The complaint was unsubstantiated (Intake #NC00212312). Deficiencies were cited.  The facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Alternative Family Living.  The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000	V117 Staff have been informed and counseled that medication (ointment) must remain in the box that has the prescription medication label on it.  Medication re-training will be conducted on an annual basis and as needed as we find any issues that come up.  QP will conduct a monthly monitoring of the home ensuring that medication and MARS are stored accurately.  Compliance officer will conduct quarterly visits to ensure they are following the guidelines in regards to medications.	3/1/2024	
V 117	27G .0209 (B) Medication Requirements  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 unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the	V 117	V118 Staff have been informed and counseled on the proper medication administration guidelines.  Medication re-training will be conducted on an annual basis and as needed as we find issues that come up.  QP will conduct monthly monitoring of the home ensuring that medication and MARS are correctly signed for.  Nurse continues to monitor MAR and scripts for accuracy.  Compliance Officer will conduct quarterly visits to ensure proper guidelines are followed.	3/1/2024	

RECEIVED

MAR 01 2024

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

*Aimee Smith, CEO*

TITLE

DHSR-MH Licensure Sect

(X6) DATE

2/22/2023

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V 117	<p>Continued From page 1</p> <p>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 observation, record review and interview the facility failed to ensure all prescription drugs dispensed included a packaging label to indicate the client's name, the prescriber's name, the dispensing date, directions for administration, and the name, address and phone number of the pharmacy or dispensing location affecting 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 1-29-24 and 1-30-24 of Client #1's record revealed: -Admission date: 2-13-21. -Diagnosis: Severe Intellectual Developmental Disability. -Physician's orders: Mupirocin 2% topical ointment - apply 1 application topically twice daily to affected area dated 10-19-23.</p> <p>Observation on 1-30-24 at 8:40 am of Client #1's medications revealed: -Mupirocin 2% topical ointment. -The ointment was loose with the other topical medications. -The ointment did not have a prescription medication label on the tube nor was it in a box with a prescription medication label.</p> <p>Interview on 1-30-24 with AFL Provider #1</p>	V 117	<p>V289</p> <p>QP for CCHC had submitted waiver request but did not submit it until after 1/1/2024. QP is still currently waiting for VAYA Health to complete their part of the request.</p> <p>CCHC has created a certification section in our EHR system to notify us of this waiver request coming due.</p> <p>QP will monitor member's waiver request during member's annual plan renewal to ensure that the request is submitted in an appropriate timeframe.</p>	3/31/2024	

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V 117	Continued From page 2  revealed: -It (the mupirocin ointment) does come in a box but we (the facility) don't have it. The new one hasn't come in." -Knew that medication was for Client #1.  Interview on 1-30-24 with AFL Provider #2 revealed: -Did not know where the box was for the mupirocin cream. -Knew that medication was for Client #1.  Interview on 1-31-24 with the Qualified Professional (QP) revealed: -The AFL is responsible for medications. -Would review medication sheets on home visits but not always.  Interview on 1-31-24 with the Executive Director revealed: -The QP is responsible for reviewing medications. -The Compliance Officer will look at medications when they go out to the facility.	V 117			
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,	V 118			

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V 118	<p>Continued From page 3</p> <p>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:</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: Based on record reviews and interviews, the facility failed to maintain a current MAR affecting 2 of 3 audited clients (Clients #1 and #3) and administer medications as ordered affecting 1 of 3 audited clients (Client #3). The findings are:</p> <p>Finding #1: Review on 1-29-24 and 1-30-24 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date: 12-9-20.</li> <li>- Diagnosis: Severe Intellectual Developmental Disability.</li> <li>-Physician's order:</li> <li>-Epidiolex 100 milligrams (mg)/milliliters (ml) soln (solution) (ml): take 2ml's twice daily 7days, then</li> </ul>	V 118		

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V 118	<p>Continued From page 4</p> <p>take 4ml's twice daily for seven days, then take 5ml's twice daily thereafter (via peg-tube), dated 12-12-23.</p> <p>-Triamcinolon acetone 0.1% top (topical): apply topically twice daily to GT (gastrotube) site after cleaning with soap and water, dated 10-19-23.</p> <p>Review on 1-30-24 of the Physicians orders for Client #1 revealed:</p> <p>-Epidiolex 100mg/ml soln ml: take 2ml's twice daily 7days, then take 4ml's twice daily for seven days, then take 5ml's twice daily thereafter (via peg-tube).</p> <p>Review on 1-30-24 of the December 2023 MAR for Client #1 revealed:</p> <p>-Medications are typed onto the MARs for each month.</p> <p>-Epidiolex was handwritten and began administration on 12-24-23.</p> <p>-Triamcinolon acetone was not signed as having been administered.</p> <p>Review on 1-30-24 of the January 2023 MAR for Client #1 revealed:</p> <p>-Medications are typed onto the MARs for each month.</p> <p>-Epidiolex had been typed on the MAR.</p> <p>-Epidiolex had been handwritten on the MAR.</p> <p>-Both the handwritten and typed sections for Epidiolex had been marked as if it had been administered.</p> <p>Interview on 1-30-24 with AFL Provider #1 revealed:</p> <p>-Didn't notice that the medication (Epidiolex) was typed on the MAR.</p> <p>-Had only been given once in the morning and night.</p> <p>-I try to stay on top of everything. It wasn't on the</p>	V 118			

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V 118	<p>Continued From page 5</p> <p>MAR initially."</p> <p>Interview on 1-30-24 with AFL Provider #2 revealed:</p> <ul style="list-style-type: none"> <li>-Epidiolex had only been given once in the morning and night.</li> <li>-Was only given the two times a day as prescribed.</li> <li>- "It had not been double dosed."</li> <li>- "It's both our (AFL Provider #1 and #2) fault."</li> </ul> <p>Finding #2:</p> <p>Review on 1-29-24 and 1-30-24 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date: 10-20-21.</li> <li>-Diagnoses: Cerebral Palsy and Mild Intellectual Developmental Disabilities.</li> <li>-Physician's order for Diazepam 5mg tablet, Take ½ tablet each morning, and ½ tablet each noon and 1 tablet QHS dated 8-24-23. Order for Diazepam 5mg tablet changed on 1-3-24 to, Take ½ tablet each morning and 1 tablet QHS.</li> </ul> <p>Review on 1-30-24 of the January 2023 MAR for Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-Medication was marked as given for the order dated 8-24-23 and not updated per the new order on 1-3-24.</li> <li>-The physician's order dated 1-3-24 was not reflected on the MAR.</li> <li>-Both AFL Providers #1 and #2 had signed off after 1-3-24 administering per the old physician's order.</li> </ul> <p>Interview on 1-30-24 with AFL Provider #1 revealed:</p> <ul style="list-style-type: none"> <li>-Was not aware of the current order.</li> <li>- "First thing I need to do when I get called over, look at the book."</li> <li>- "I guess we will take it (the pill pack) back to the</li> </ul>	V 118			

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V 118	<p>Continued From page 6</p> <p>pharmacy."</p> <p>-The February pill pack from the pharmacy and the MAR are current with the new order.</p> <p>Interview on 1-30-24 with AFL Provider #2 revealed:</p> <p>-"Typically I will (finish the pill pack) because I don't know what to do."</p> <p>-Would just finish out the pill with the MAR the way it is and then start the new MAR with the new pill pack</p> <p>-"I'm just following the orders til the month runs out."</p> <p>-"Something new for me to learn."</p> <p>Interview on 1-31-24 with the Qualified Professional (QP) revealed:</p> <p>-The AFL is responsible for medications.</p> <p>-Would review medication sheets on home visits but not always.</p> <p>-The nurse employed by the Licensee would review the MARs for errors.</p> <p>Interview on 1-31-24 with the Executive Director revealed:</p> <p>-The QP is responsible for reviewing medications and MARs when they do visits.</p> <p>-"Every month the nurse goes over the MAR with the scripts (prescriptions). If errors are found, [office assistant] will call them (the AFL provider) to ask and clarify ..."</p> <p>-The Compliance Officer will look at medications when they go out to the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118			
V 289	27G .5601 Supervised Living - Scope	V 289			

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V 289	Continued From page 7  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than	V 289		

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V 289	<p>Continued From page 8</p> <p>three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E),(f),(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility management failed to ensure minor and adult clients did not reside within the same facility. The findings are:</p> <p>Review on 1-29-24 and 1-30-24 of Client #1's record revealed: -Admission date: 2-13-21. -Age: 16. -Diagnosis: Severe Intellectual Developmental Disabilities.</p> <p>Review on 1-29-24 and 1-30-24 of Client #2's</p>	V 289			

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V 289	<p>Continued From page 9</p> <p>record revealed: -Admission date: 12-23-2019. -Age: 26. -Diagnosis: Profound Intellectual Developmental Disabilities.</p> <p>Review on 1-29-24 and 1-30-24 of Client #3's record revealed: -Admission date: 10-24-21. -Age: 34. -Diagnoses: Mild Intellectual Developmental Disability and Cerebral Palsy.</p> <p>Review on 1-30-24 of the facility folder revealed: -There was no current waiver or request for the 2024 licensure year.</p> <p>Interview on 1-31-24 with the Qualified Professional (QP) revealed: -It was her responsibility to complete the waiver request.</p> <p>Interview on 1-31-24 with the Chief Executive Officer revealed: -Waiver requests were the responsibility of the QP.</p>	V 289		