

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/20/2024
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NAME OF PROVIDER OR SUPPLIER LITHIA INN GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 408 LITHIA INN ROAD LINCOLNTON, NC 28092
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V 000	INITIAL COMMENTS An annual, complaint, and follow-up survey was completed on February 20, 2024. The complaint was unsubstantiated (Intake #NC00212142). Deficiencies were cited. The facility is licensed for the following services category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to complete fire and disaster drills at least quarterly for each shift. The findings are:	V 114		

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MAR 07 2024
DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Leslie Flowers, Sr. QM Director

TITLE

(X6) DATE
3/1/24

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V 114	<p>Continued From page 1</p> <p>Review on 2/19/24 of the facility's fire and disaster drills revealed: -No 3rd shift fire and disaster drills for 2nd quarter (April-June) 2023; -No 2nd shift fire drills for 3rd quarter (July-September) 2023; -No 3rd shift disaster drills for 3rd quarter 2023; -No 1st shift disaster drills for 4th quarter (October-December) 2023.</p> <p>Interview on 2/19/24 with Client #1 revealed: -Went outside onto the driveway during fire drills; -Went to the van during power outage drills; -Went into the hallway for tornado drills.</p> <p>Interview on 2/19/24 with Client #2 revealed: -Went outside onto the driveway during fire drills; -Went to the van during power outage drills; -Went into the hallway for tornado drills; -Went into the bedrooms for drills including strangers entering the facility.</p> <p>Attempted interview on 2/19/24 with Client #3 was unsuccessful. Client #3 was not feeling well and declined to be interviewed.</p> <p>Interviews on 2/19/24 and 2/20/24 with the House Manager revealed: -The facility was staffed with 3 shifts: 1st shift was 7am-7pm, 2nd shift was 2pm-10pm, and 3rd shift was 7pm-7am; -The staff had not been completing fire and disaster drills according to the schedule which resulted in the missed drills; -Would ensure fire and disaster drills were completed at least quarterly for each shift in the future.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114	<p>V114 – Staff have a sign in sheet for drills. Program Manager will assign staff for each drill/shift and notify the staff at the next staff meeting. Staff meetings are the 2nd Tuesday of the month and this will be communicated to all staff and included in the agenda with the sign in sheet. HR will provide guidance regarding disciplinary action if not completed as assigned</p>	3/15/24

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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; (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:	V 118		

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V 118	<p>Continued From page 3</p> <p>Based on record review and interview, the facility failed to ensure medications were administered on the written order of a physician affecting 3 of 3 audited clients (#1, #2, and #3). The findings are:</p> <p>Review on 2/19/24 and 2/20/24 of Client #1's record revealed: -Admission date 3/11/13; -Diagnoses of Cerebral Palsy (CP) Spastic Diplopia, Gastroesophageal Reflux Disease, Cortical Visual Loss, Adjustment Disorder with Mixed Disturbances/Emotions/Conduct, Mild Intellectual Developmental Disability (IDD), Allergic Rhinitis, Acne; -Physician's orders dated 8/25/23 for Risperidone (antipsychotic) 1mg (milligram) 1 tab (tablet) daily and Clonidine (blood pressure) 0.1mg 1 tab daily.</p> <p>Review on 2/19/24 and 2/20/24 of Client #1's Medication Administration Records (MARs) for December 2023 through February 19, 2024 revealed: -Risperidone was marked as "medication unavailable" on 12/1/23 at 7:50am; -Clonidine was marked as "medication unavailable" on 12/1/23 at 8:52pm, 12/2/23 at 8:46pm, 12/3/23 at 8:07pm, 12/4/23 at 7:31pm, 12/5/23 at 7:44pm, 12/6/23 at 8:15pm, 12/7/23 at 8:17pm, 12/8/23 at 7:13pm, 12/9/23 at 8:30pm, 12/11/23 at 7:54pm, and 12/12/23 at 7:50pm.</p> <p>Review on 2/19/24 and 2/20/24 of Client #2's record revealed: -Admission date 8/2/17; -Diagnoses of Mild IDD, Diabetes Type 2, Hypertension, Hyperlipidemia, Allergic Rhinitis; -Physician's order dated 3/16/23 for Metronidazole Ointment (dermatitis) 0.75% apply topically twice daily; -Physician's order dated 1/22/24 for Omeprazole</p>	V 118	<p>V118 – Communicating issues with Blue Ridge (ESUCPs Pharmacy) regarding meds being out of stock. RN will follow-up with Blue Ridge regarding quickly informing manager if out of stock.</p> <p>Program Manager will communicate to staff/RN to contact immediately if meds arrive after hours/weekends in order for the manager to approve the meds. This will allow staff to document on the MAR.</p> <p>If meds are not in the home, staff are to contact the RN/Manager. Staff will submit the ReOrder request through BlueRidge EMAR in addition to calling to confirm with Blue Ridge they have received the order and the order will be processed the same day. This will be documented in the Coordination of Care Log</p>	3/15/24

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V 118	<p>Continued From page 4</p> <p>(heartburn) 20mg 1 cap (caplet) daily.</p> <p>Review on 2/19/24 and 2/20/24 of Client #2's MARs for December 2023 through February 19, 2024 revealed:</p> <ul style="list-style-type: none"> -Metronidazole Ointment 0.75% was marked as "medication unavailable" on 12/18/23 at 7:35pm, 12/19/23 at 8:04am and 7:22pm, and 12/20/23 at 7:07am; -Omeprazole 20mg was marked as "medication unavailable" on 1/1/24 at 8:04am and 1/2/24 at 7:45am. <p>Review on 2/19/24 and 2/20/24 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 7/24/15; -Diagnoses of Severe IDD, CP Spastic Quadri paralysis, Chronic Constipation, Hyperlipidemia, Insomnia, Depression; -Physician's orders dated 4/21/23 for Nepho-Vite (supplement) 1 tab daily and Budesonide (asthma) 0.5/2ml (milliliters) 1 vial via nebulizer daily; -Physician's order dated 7/3/23 for Vitamin D3 (supplement) 1000 IU (international unit) 1 tab daily. <p>Review on 2/19/24 and 2/20/24 of Client #3's MARs for December 2023 through February 19, 2024 revealed:</p> <ul style="list-style-type: none"> -Nepho-Vite was marked as "medication unavailable" for 1/31/24 at 7:45pm; -Vitamin D3 was marked "medication unavailable" for 1/31/24 at 7:45pm; -Budesonide was marked "medication unavailable" for 2/7/24 at 8:12am. <p>Interview on 2/19/24 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Could not identify if he ever missed any medication. 	V 118		

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V 118	Continued From page 5 Interview on 2/19/24 with Client #2 revealed: -Could not identify if she ever missed any medication. Attempted interview on 2/19/24 with Client #3 was unsuccessful. Client #3 was not feeling well and declined to be interviewed. Interview on 2/20/24 with the House Manager revealed: -Will ensure clients' medications are available for administration in the future through use of the primary as well as "back-up" pharmacies.	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 interview, the facility failed to ensure medication administration errors were reported immediately to a physician or pharmacist affecting 3 of 3 audited clients (#1, #2, and #3). The findings are:	V 123		

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V 123	Continued From page 6 Review on 2/19/24 and 2/20/24 of Client #1's record revealed: -Admission date 3/11/13; -Diagnoses of Cerebral Palsy (CP) Spastic Diplopia, Gastroesophageal Reflux Disease, Cortical Visual Loss, Adjustment Disorder with Mixed Disturbances/Emotions/Conduct, Mild Intellectual Developmental Disability (IDD), Allergic Rhinitis, Acne; -Physician's orders dated 8/25/23 for Risperidone (antipsychotic) 1mg (milligram) 1 tab (tablet) daily and Clonidine (blood pressure) 0.1mg 1 tab daily. Review on 2/19/24 and 2/20/24 of Client #1's Medication Administration Records (MARs) for December 2023 through February 19, 2024 revealed: -Medications were not available for administration as follows: -Risperidone - 1 dose in December 2023; -Clonidine - 11 doses in December 2023. Review on 2/19/24 and 2/20/24 of Client #2's record revealed: -Admission date 8/2/17; -Diagnoses of Mild IDD, Diabetes Type 2, Hypertension, Hyperlipidemia, Allergic Rhinitis; -Physician's order dated 3/16/23 for Metronidazole Ointment (dermatitis) 0.75% apply topically twice daily; -Physician's order dated 1/22/24 for Omeprazole (heartburn) 20mg 1 cap (caplet) daily. Review on 2/19/24 and 2/20/24 of Client #2's MARs for December 2023 through February 19, 2024 revealed: -Medications were not available for administration as follows: -Metronidazole Ointment - 4 doses in	V 123	ESUCP RN provide a Teaching tool (Med Error Flyer) to be posted on the staff bulletin board. This will also be discussed at the next staff meeting. QM will pull med error reports from the home to ensure Pharmacist is noted as being contacted the first month of every quarter.	3/15/24 3/15/24

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V 123	<p>Continued From page 7</p> <p>December 2023; -Omeprazole - 2 doses in January 2024.</p> <p>Review on 2/19/24 and 2/20/24 of Client #3's record revealed: -Admission date of 7/24/15; -Diagnoses of Severe IDD, CP Spastic Quadri paralysis, Chronic Constipation, Hyperlipidemia, Insomnia, Depression; -Physician's orders dated 4/21/23 for Nepho-Vite (supplement) 1 tab daily and Budesonide (asthma) 0.5/2ml (milliliters) 1 vial via nebulizer daily; -Physician's order dated 7/3/23 for Vitamin D3 (supplement) 1000 IU (international unit) 1 tab daily.</p> <p>Review on 2/19/24 and 2/20/24 of Client #3's MARs for December 2023 through February 19, 2024 revealed: -Medications were not available for administration as follows: -Nepho-Vite - 1 dose in January 2024; -Vitamin D3 - 1 dose in January 2024; -Budesonide - 1 dose in February 2024.</p> <p>Review on 2/19/24 and 2/20/24 of the facility's internal incident reports for period December 1, 2023 through February 19, 2024 revealed: -No documentation of contact to a physician or pharmacist when medications were not available for administration.</p> <p>Interview on 2/19/24 with Client #1 revealed: -Could not identify if he ever missed any medication.</p> <p>Interview on 2/19/24 with Client #2 revealed: -Could not identify if she ever missed any medication.</p>	V 123		

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V 123	Continued From page 8 Attempted interview on 2/19/24 with Client #3 was unsuccessful. Client #3 was not feeling well and declined to be interviewed. Interview on 2/20/24 with the House Manager revealed: -The protocol for a missed medication is to call the pharmacist and to complete an incident report; -Staff did not contact the pharmacist or physician to discuss "unavailable medications;" -Will ensure staff are contacting a pharmacist or physician for any medication errors or missed medications and will document directives from the pharmacist or physician in the future.	V 123		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive, and orderly manner. The findings are: Observation on 2/19/24 at approximately 11:45am-12:15pm revealed: -A hole cut into the sheetrock in a section measuring approximately 18-24 inches wide and approximately 12-16 inches high. The missing sheetrock resulted in plaster and plumbing pipes visible.	V 736	V736 Repairs will be made to the hole no later than 3/11 by ESUCP contractors. GH Manager will submit tickets to the facilities department within ESUCP for maintenance within the home. GH Manager will engage leadership if a delayed response.	3/11/24

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V 736	Continued From page 9 Interview on 2/19/24 with Staff #2 revealed: -The hole in the wall by the bathroom had been there since December 2023 because of repairs made to the shower. Interview on 2/19/24 with Staff #3 revealed: -Had limited knowledge about the repair to the bathroom leak which resulted in the removal of the section of sheetrock in the hallway; -The hole in the hallway sheetrock had been like that "for about a year" due to the leak from the bathroom. Interview on 2/20/24 with the House Manager revealed: -The section of the wall had been cut out approximately two months ago when the shower was leaking; -This was the second time the sheetrock had to be cut and removed due to a leak; -The leak had been repaired a second time, but the sheetrock was not repaired; -Would contact her supervisor to ensure the sheetrock repairs were made.	V 736		