

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G257</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/12/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MIDLAKE RESIDENTIAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>68 HILLSIDE STREET CLARKTON, NC 28433</b>		
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W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services identified in the Individual Program Plan (IPP) in the area of medication administration for 1 of 3 audit clients (#2). The finding is:</p> <p>During afternoon observations in the home on 4/11/23 at 4:10 PM, Staff C was conducting medication administration. Staff C had client #2 sit at a table in the medication room, as Staff C removed the medications from the packets, place pills in applesauce cup and fed to client #2. Staff C did not prompt client #2 to participate in taking his medication. Staff C also disposed of the spoon and medicine cup.</p> <p>Record review on 4/11/23 of client #2's IPP dated 3/11/22 revealed a goal to participate in medication administration task for 15 consecutive days. Pour meds into applesauce or pudding. Take all meds and dispose trash.</p> <p>Interview on 4/12/23 with the Qualified Intellectual</p>	W 249	<p>The nurse will inservice all Midlake staff trained in Medication administration focusing on the specific goal for Client #2 of increasing medication skills to include the participation on taking his medication. The nurse will monitor this via a face to face med pass monitoring at least monthly. The Habilitation Specialist will also monitor Client #2's progression weekly.</p> <p><b>DHSR - Mental Health</b></p> <p><b>MAY 03 2023</b></p> <p><b>Lic. &amp; Cert. Section</b></p>		6.9.23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]* **MAQP** *[Signature]* **QM Director** **4/27/2023**

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 249	Continued From page 1	W 249			
W 368	<p>Disabilities Professional (QIDP) revealed staff were expected to prompt clients to participate in medication administration as much as possible.</p> <p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 3 of 3 audit clients (#1, #2 and #4). The findings are:</p> <p>A. During afternoon medication administration on 4/11/23 at 4:11 PM revealed Staff C prepared medications to administer to client #2. Staff C opened a capsule of Fiber-Lax and removed a Phenobarbital pill and placed them in a medicine cup filled with applesauce. Staff C fed the applesauce to client #2. Client #2 exited the medication room afterwards, without receiving any other medications.</p> <p>Record review on 4/12/23 of client #2's Physician's Orders signed on 2/15/23 revealed prescriptions for Artificial Tears, Fiber Tabs and Phenobarbital, to be given at 4:00 PM.</p> <p>B. During afternoon medication administration on 4/11/23 at 4:16 PM prepared medications to administer to client #4, but she refused and walked out of the room. An additional observation at 4:40 PM revealed Staff C make a second attempt to get client #4 to take her medications. Staff C held a medicine cup with Clonazepam</p>	W 368	<p>The nurse will inservice all staff trained in Medication administration in regards to the key components of medication administration to include the administration of all medications ordered prior to a resident leaving the medication administration area, ensuring that the resident has taken all medications as ordered. The nurse will monitor this via a face to face med pass monitoring at least monthly.</p>	6.9.23	

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W 368	<p>Continued From page 2</p> <p>and Quetiapine, on top of applesauce. Client #4 ingested the medications presented. Staff C was not observed to give client #4 a third pill, Gabapentin or instill Artificial Tears in her eyes.</p> <p>Record review on 4/12/23 of client #4's Phsicain's Orders signed on 2/13/23 revealed prescriptions for Artificial Tears, Clonazepam, Quetiapine and Gabapentin, to be given at 4:00 PM.</p> <p>C. During morning medication administration on 4/12/23 at 8:09 AM revealed Staff I prepared medications to administer to client #1. Staff I removed from the pharmacy packets Vitamin D3, Pantoprazole SOD DR, Docusate Sodium, Tamsulosin HCL, Losartan/HCTZ, Benztropine MES, Sertraline, Ferosul and Amlodipine Besylate. All of the medications were ingested after client #1 ate breakfast at 7:30 AM. Client #1 was not observed getting any topical creams to his nails.</p> <p>Record review on 4/12/23 of client #1's Physician's Orders signed on 2/16/23 revealed prescriptions for Aladdin Besylate, Pantoprazole SOD DR before breakfast, Losartan-HCTZ, Tamsulosin HCL, Vitamin D3, Ferrous Sulfate EC, Benztropine MES, Docusate Sodium, Ciclopirox 8% Solution-TP for nail, Ketaconzole 2% Cream-TP for left great toe and Sertraline HCL to be given at 8:00 AM.</p> <p>Interview on 4/12/23 with the Day Program Manager (DPM) revealed that some new staff are eligible to be trained to pass out medications after a month of hire. The DPM revealed before the nurse approved the staff to dispense medications, the DPM observed staff for a week. The DPM revealed staff were expected to check</p>	W 368	The nurse will inservice all staff trained in Medication administration in regards to the key components of medication administration to include the administration of all medications ordered. The nurse will monitor this via a face to face med pass monitoring at least monthly. (B & C)	6.9.23	

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W 368	Continued From page 3	W 368			
W 440	<p>the name of the client, the date, time, dose and route of medications before giving to prevent errors.</p> <p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted every shift, per quarter. The finding is:</p> <p>Review on 4/11/23 of the facility's fire drills conducted in 2022 revealed the following dates:</p> <p>First Shift:</p> <p>4/26/22, no time recorded for the drill. 7/21/22 at 8:30 AM.</p> <p>Second Shift:</p> <p>No dates were recorded.</p> <p>Third Shift:</p> <p>6/21/22, no time was recorded.</p> <p>An additional review on 4/11/23 of fire drills conducted in 2023 revealed there was no recorded drills.</p> <p>Interview on 4/11/23 with Staff B revealed additional fire drill records were kept on the computer at the main office.</p> <p>Interview on 4/12/23 with the Director of the Intermediate Care Facilities (ICF) revealed that</p>	W 440	<p>The Clinical Supervisor/Program Manager will conduct a monthly review of drills completed, verifying what shifts drills have been completed and what shifts still have drills to complete within the quarter. Drills are completed and verification is submitted via a google form. The Clinical Supervisor/Program Manager will ensure that a copy of the completed drill is maintained at the facility.</p>	6.9.23	



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W 440	Continued From page 4 they had made changes to the fire drills forms and had staff recording fire drills in the computer. The Director revealed the facility did not have a home manager for an extended period and she was unsure if they had all of the documentation.	W 440			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 3 audit clients (#1 and #4) received the modified diet as ordered. The findings are:  A. During snack observations in the home on 4/11/23 at 4:30 PM, client #1 was observed eating a whole slice of coconut cake. An additional observation at dinner at 6:08 PM, client #1 was served a whole piece of salisbury steak with gravy, white rice, cooked carrots and a whole cornbread muffin. Staff D stood next to client #1 and encouraged him to cut up his food but did not ensure that it was cut into smaller pieces. Client #1 held a fork and knife but left the meat pieces into 1" which were not perforated well. When client #1 loaded the meat on the fork, all three pieces were attached and eaten at once. Client #1 finished his meal without incident.  During morning observations in the home on 4/12/23 at 7:30 AM. Client #1 had grits, scrambled eggs and wheat toast cut into 1" pieces for breakfast. Client finished his meal	W 460			

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W 460	<p>Continued From page 5 without incident.</p> <p>Review on 4/11/23 of client #1's Individual Program Plan (IPP) dated 1/19/23 revealed a soft diet of finely chopped consistency. In addition, a Nutritional Evaluation on 11/16/22 revealed all food 1/4" pieces per swallow study.</p> <p>Interview on 4/12/23 with the day program manager revealed client #1 was not capable of cutting up his food to 1/4" consistency.</p> <p>Interview on 4/12/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that all of client #1's foods should be received 1/4" if that was his order.</p> <p>B. During breakfast observations in the home on 4/12/23 at 7:30 AM client #4 received grits, scrambled eggs and pureed wheat toast. The eggs were not in a pureed consistency. Client #4 finished her meal without incident.</p> <p>Review on 4/11/23 of client #4's Nutritional Evaluation dated 11/16/22 revealed a healthy heart regular calorie pureed diet.</p> <p>Interview on 4/12/23 with the QIDP revealed clients should receive their prescribed diets.</p>	W 460	<p>The Dietitian will review with staff client #1's specific dietary instructions as provided by the doctor in regards to a soft diet of finely chopped consistency with no more than food pieces to be larger than 1/4". This will be monitored monthly by the dietitian.</p> <p>The Dietitian will review with staff client #4's specific dietary instructions to include a healthy heart regular calorie pureed diet and what this consists of as prescribed. This will be monitored monthly by the dietitian.</p>	<p>6.9.23</p> <p>6.9.23</p>	