Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-402	A. BUILDING: ______ B. WING ______	11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMONWEALTH GROUP HOME	3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 11/15/23. The complaint was unsubstantiated (Intake #NC00206902). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 2 current clients,1 former client.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	RECEIVED DEC 29 2023 DHSR-MH Licensure Sect	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Leslie Flowers, Snr. QM Director — TITLE — (X6) DATE: 12/18/23

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V 112	Continued From page 1	V 112		
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed ensure treatment plans had consent by responsible party for 2 of 3 audited clients (Client #1 and Client #2). The findings are:		V112 Residential Clinical Compliance Coordinator and the Program Manager will review all paper plans. Plans missing signatures will be reviewed with guardians and upload.	1/20/23
	Review on 10/24/23 of Client #1's record revealed: - Admission date 12/1/19; - Diagnoses: Major Depression, recurrent, Generalized Anxiety Disorder, Intermittent Explosive Disorder, ADHD, Pervasive Disorder, Mild Mental Retardation, Cerebral Palsy, Obesity; - Treatment plan dated 7/1/23, no guardian signature.		Residential Clinical Compliance Coordinator train Program Manager on uploading documentation/PCPs as well as train on the PCP development.	12/21/23
	Review on 10/24/23 of Client #2's record revealed: - Admission date 6/1/88; - Diagnoses: Congenital quadriplegia, Cerebral Palsy, Moderate Mental Retardation, Osteoporosis; - Treatment plan dated 4/12/23, no guardian signature.			
	Interview on 10/24/23 with the Residential Director/Qualified Professional (QP) revealed: - Was the acting QP in the home since end of July; - Was waiting on Client #1's and Client #2's guardian to sign their treatment plans.			

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V 112	Continued From page 2 Interview on 10/25/23 with the Group Home Manager revealed: - Qualified professional was responsible for training her; - "Honestly I have been training myself"; - Did not know who oversaw treatment plans.	V 112		
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	V 118		

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V 118	Continued From page 3 with a physician. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure a MAR of all drugs administered to each client was kept current affecting 1 of 3 audited clients (client #1). The findings are: Review on 10/24/23 of Client #1's record revealed: - Admission date 12/1/19; - Diagnoses: Major Depression, recurrent, Generalized Anxiety Disorder, Intermittent Explosive Disorder, ADHD, Pervasive Disorder, Mild Mental Retardation, Cerebral Palsy, Obesity; - Physician's Order Montelukast (allergies) 10 milligram (mg) Tablet, Take 1 tablet by mouth every evening for allergies, 9/25/23; Ethynodiol-ETH ESTRA(birth control) 1mg-35 micrograms (mcg), Take 1 by mouth every day, 7/1/222; Budesonide Inhalation suspension(breathing treatment) 0.5mg/2 milliliter (ml), Use 1 vial in nebulizer twice daily, 9/27/23. Review on 10/23/23 of client #1's MAR from August 1, 2023- Oct 23, 2023 revealed: - Montelukast 10mg medication was signed out on the MAR as medication unavailable from September 1, 2023- September 27, 2023 - Ethynodiol-ETH ESTRA1mg-35mcg, medication was signed out on the MAR as medication unavailable from September 1, 2023-September 30, 2023.	V 118	V118 Individual now has her nebulizer. Residential RN follow-up with Blue Ridge regarding Quickmar concerns. Staff document on paper until this is resolved. Staff are informed to contact the Residential RN should they have issues with medication or Blue Ridge. This will be communicated via text by GH Manager. The contact information for the Residential RN will be posted for all staff to have access to. Residential RN provide a face to face Medication Administration Training for all staff at the home.	12/29

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V 118	Continued From page 4	V 118		

- Budesonide Inhalation suspension 0.5mg/2ml, mediation was signed out on the MAR stating that the medication was unavailable and the machine was broken from September 1. 2023-September 30, 2023.

Interview on 10/25/23 with Client #1 revealed:
- Received medications daily;
- Used nebulizer twice a day;
- Staff never forgot to give medications.

Interview on 10/25/23 with Staff #1 revealed:
- Helped the House Manager maintain the medications in the home;
- The House Manager was responsible for looking over the MAR to ensure staff was putting the correct explanation when a client does not receive their medication.
- "When there is no signature it means the client did not receive medications or the person didn't go in the system and mark it."
- "All of us are responsible for it, we tell the manager or it's a button on the MAR we can push and reorder, so it's really an everybody type job."
- Client #1's nebulizer was broken when staff #1 started employment in May until October.

Interview on 10/25/23 with the Group Home Manager revealed:
- "I am in charge of medications and MAR and returning medications."
- "I receive an alert if the medication isn't given on time I have to approved medication changes in the system."
- Wasn't aware Client #1's nebulizer was broken until meeting with guardian in August and learned she needed a new prescription.
- After reviewing the MAR, "3 staff had to retake medication administration.", those 3 staff are now longer with us.

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V 118	Continued From page 5 - Had problems with the pharmacy client #1 was received medication; - "Something is wrong with our system (QuickMAR), you can give the medication and it doesn't show and then we put them(signature) in again."	V 118		
V 366	27G .0603 Incident Response Requirments 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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V 366	Continued From page 6 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		

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V 366	Continued From page 7 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.	V 366		
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement, written policies governing their responses to level II incidents affecting 1 of 3 audited clients (#2). The findings are: Review on 10/24/23 of the Incident Response Improvement System(IRIS) from August		V 366 Incidents that occurred on the dates noted were due to Illness which is not reportable. QM complete an Incident Report Training with all staff at the home.	12/29

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V 366	Continued From page 8 2023-October 23, 2023 revealed: No IRIS report, Risk Cause/Analysis, or documentation to support submission of the written preliminary findings of fact to the Local Management Entity (LME)/ Managed Care Organization (MCO) within 5 working days for Former Client #3 called and was transported by the local Emergency Medical Services (EMS) to the local hospital on 8/8/23. - No IRIS report, Risk Cause/Analysis, or documentation to support submission of the written preliminary findings of fact to the Local Management Entity (LME)/ Managed Care Organization (MCO) within 5 working days for Former Client # 3 being transported by the local EMS to the local hospital on 8/16/23. Interview on 10/25/23 with the Group Home Manager revealed: - Group Home Manager and Qualified Professional were responsible for incident reports; - Qualified Professional was responsible for entering incident reports for Former Client #3; - "I have only completed one incident report" - Was not aware of incident reports being completed when the police or ambulance was called to the facility and transported client away from the facility.	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	V 367		

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V 367	Continued From page 9	V 367		

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 cause of the incident; and
(6) other individuals or authorities notified or responding.

(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:

(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.

(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:

(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.

(d) Category A and B providers shall send a copy

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V 367	Continued From page 10 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). (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 include summary information as follows: (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.	V 367		

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V 367	Continued From page 11 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all critical incidents in the Incident Response improvement System (IRIS) and notify 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 1 of 3 audited clients (#2). The findings are: Review on 10/24/23 of Incident Response Improvement System (IRIS) from August 1, 2023-October 23, 2023 revealed: - No IRIS report for the local the Emergency Medical Services (EMS) being called and transporting Former Client #3 to the local hospital on 8/8/23. - No IRIS report for the local the Emergency Medical Services (EMS) being called and transporting Former Client #3 to the local hospital on 8/16/23. Interview on 10/25/23 with the Group Home Manager revealed: - Group Home Manager and Qualified Professional were responsible for incident reports; - Qualified Professional was responsible for entering incident reports for Former Client #3; - "I have only completed one incident report" - Was not aware of incident reports being completed when the police or ambulance was called to the facility and transported client away from the facility.	V 367	V 367 Incidents that occurred on the dates noted were due to Illness which is not reportable. QM complete an Incident Report Training with all staff at the home.	12/29