

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-237 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 03/11/2024 |
| NAME OF PROVIDER OR SUPPLIER ALAMANCE HOMES II | | STREET ADDRESS, CITY, STATE, ZIP CODE 801 N MEBANE STREET BURLINGTON, NC 27217 | | |
| (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 March 11, 2024. The complaints were substantiated (intake #NC00213851 and #NC00213851). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| V 111 | 27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the | V 111 | | |

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

TITLE

(X6) DATE

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| V 111 | <p>Continued From page 1</p> <p>client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that an assessment was completed prior to the delivery of services affecting one of three audited clients (#1). The findings are:</p> <p>Review on 2/27/24 of Client #1's record revealed: -Admission date of 2/11/24. -Diagnoses of Methicillin-Resistant Staphylococcus Aureus (MRSA) Infected Craniotomy Bone Flap, Chronic Kidney Disease (CKD), Human Immunodeficiency Virus (HIV), Essential Hypertension, Anxiety, Depression, Schizophrenia, and Left Lower Extremity Neuropathy. -There was no evidence of an admission assessment completed for client #1 prior to the delivery of services.</p> <p>Interview on 2/27/24 with the Qualified Professional (QP) revealed: -She (QP) was responsible for completing the admission assessment. -She was "working on the admission assessment." -She acknowledged that client #1's chart did not</p> | V 111 | | |

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| V 111 | Continued From page 2 have an admission assessment. Interview on 2/28/24 with the Director revealed: -"The QP is responsible for the admission assessments and treatment plans." -"I don't have a copy of his (client #1's) admission assessment." -"She (QP) said that she was working on it (admission assessment)." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 111 | | |
| 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 | | |

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| V 112 | <p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have a Person Centered Plan (PCP) with 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 affecting two of three clients (#2 and #3). The findings are:</p> <p>Review on 2/27/24 of client #2's record revealed: -Admission date of 12/16/16. -Diagnoses of Schizophrenia, Type II Diabetes, Hypertension, Hyperlipidemia, Chronic Kidney Disease - Stage 4, Osteoporosis, and Allergic Rhinitis. -PCP dated 12/21/23 did not have current written consent or agreement by the client or responsible party.</p> <p>Review on 2/27/24 of client #3's record revealed: -Admission date of 4/29/16. -Diagnoses of Mild Developmental Disability (MDD), Chronic Obstructive Pulmonary Disease (COPD), Obstructive Sleep Apnea (OSA), Proteinuria, Hypertension (HTN), Hyperlipidemia (HLD), Benign Prostatic Hyperplasia (BPH), Gastroesophageal Reflux (GERD), Bipolar Disorder, History of Cerebral Vascular Accident (CVA) and Left Hemiparesis. -PCP dated 6/1/23 did not have current written</p> | V 112 | | |

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| V 112 | <p>Continued From page 4</p> <p>consent or agreement by the client or responsible party.</p> <p>Interview on 2/27/24 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -She "took it (PCP) to the facility and staff was supposed to have him (client #2) sign it." -She did not "know why" client #2's PCP was not signed. -Client #3's "treatment plan (PCP) has not been signed because he (Director) said he would get it to him." -I signed and dropped it (PCP) off for him (client #3) to sign, but it did not get signed." -She wrote and left a note for staff to have client #3 to sign the PCP. - The PCPs were done electronically, and she would get the client's signature after printing the treatment plan. <p>Interview on 2/28/24 with the Director revealed:</p> <ul style="list-style-type: none"> -"She (QP) is responsible for the admission assessments and treatment plans." -"She (QP) is pulling up and dropping paperwork off." -"She (QP) takes the treatment plans to the house and leaves them with staff for the clients to sign off." -The staff are not getting the paperwork to the clients to sign. -He was not sure why the QP did not have client #2 sign the PCP. -"She (QP) was supposed to handle it and have them (client #2 and #3) sign the treatment plans." <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 112 | | |

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| V 113 | Continued From page 5 | V 113 | | |
| V 113 | 27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information | V 113 | | |

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| V 113 | <p>Continued From page 6</p> <p>relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain required documentation in the client records affecting one of three clients (#1). The findings are:</p> <p>Review on 2/27/24 of client #1's record revealed: -Admission date of 2/11/24. -Diagnoses of Methicillin-Resistant Staphylococcus Aureus (MRSA) Infected Craniotomy Bone Flap, Chronic Kidney Disease (CKD), Human Immunodeficiency Virus (HIV), Essential Hypertension, Anxiety, Depression, Schizophrenia, and Left Lower Extremity Neuropathy. -No identification face sheet which included: (a) name (last, first, middle, maiden); (b) client record number; (c) date of birth; (d) race, gender and marital status; (e) admission date -No documentation of a signed statement from the client granting permission to seek emergency care. -No emergency information for client #1 which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician.</p> | V 113 | | |

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| V 113 | Continued From page 7 Interview on 2/27/24 with the Qualified Professional (QP) revealed: -The Director was responsible for client #1's record. -She did not receive client #1's information and the Director said that he had it. Interview on 2/28/24 with the Director revealed: -"She (QP) was supposed to get all of the admission information and information for his (#1's) file." -"She (QP) oversees and follows up on all of the charts to make sure everything is in the client's charts." -"We have an intake packet that is sent to the hospital, and they are supposed to fill it out and send it back after I fax it to them." -"Client #1's chart was not completed because he (Director) had not received everything from the hospital." | V 113 | | |
| 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. | V 114 | | |

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| V 114 | <p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:</p> <p>Review on 2/27/24 of the facility's fire and disaster drill log from February 2023 - February 2024 revealed: -There was no documentation of fire and disaster drills being conducted by facility staff.</p> <p>Interview with client #1 on 2/27/24 revealed: -"We have not had any fire or disaster drills since I have been here and I have been here for three weeks."</p> <p>Interview with client #2 on 2/27/24 revealed: -"I don't know nothing about that (fire and disaster drills)." -He could not explain what was done when a fire and/or disaster drill was conducted.</p> <p>Interview with client #3 on 2/27/24 revealed: -Staff took clients outside at the end of the driveway during a fire drill. -"I forgot what we do if there is a tornado drill." -"I don't know how many times staff did fire drills."</p> <p>Interview on 2/27/24 with staff #1 revealed: -He conducted fire drills twice a month. -He took clients outside and at the end of the driveway during a fire drill. -He "wrote the fire drills in the book." -"I do not know where the book (fire/disaster</p> | V 114 | | |

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| V 114 | Continued From page 9 drills) is." Interview on 2/27/24 with staff #2 revealed: -He conducted fire drills monthly. -He took clients outside and at the end of the driveway during a fire drill. -He took clients "in the laundry room and they put their heads between their legs" during a disaster drill. -He did not know where the fire and disaster drill log was located. Interview on 2/27/24 with the Qualified Professional revealed: -The former manager was responsible for the fire/disaster drills. -She would follow-up by asking the former manager if the fire/disasters drills were conducted. Interview on 2/28/24 with the Director revealed: -Staff should be doing the fire and disaster drills. -"The fire and disaster drill log should be there." -"They (staff #1 and #2) should be able to find and give it to you." -"The former House Manager used a different filing system and staff could not find it (fire and disaster drill log)." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 114 | | |
| 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 | V 118 | | |

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| V 118 | <p>Continued From page 10</p> <p>order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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 observation, record reviews and interviews, the facility failed to: A) Have physician's orders for 1 of 3 audited clients (#3), B) Follow physician orders and keep the MARs current for 2 of 3 audited clients (#1 and #2), and C) Ensure medications were available for administration affecting 2 of 3 audited clients (#1</p> | V 118 | | |

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| V 118 | <p>Continued From page 11</p> <p>and #2). The findings are:</p> <p>A) The facility failed to have physician orders:</p> <p>1. Review on 2/27/24 of client 3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 4/29/16. -Diagnoses of Mild Developmental Disability (MDD), Chronic Obstructive Pulmonary Disease (COPD), Obstructive Sleep Apnea (OSA), Proteinuria, Hypertension (HTN), Hyperlipidemia (HLD), Benign Prostatic Hyperplasia (BPH), Gastroesophageal Reflux (GERD), Bipolar Disorder, History of Cerebral Vascular Accident (CVA) and Left Hemiparesis. <p>Observation on 2/27/24 at approximately 3:30 pm of client #3's medications revealed:</p> <ul style="list-style-type: none"> -Amlodipine tablet (tab) - 5 milligrams (mg) (high blood pressure). - Lisinopril tab - 10mg (high blood pressure and heart failure). -Vitamin B-12 tab - 100 micrograms (mcg) (treat and prevent vitamin B12 deficiency anemia). -Risperidone - 1mg tab (schizophrenia, bipolar). -Fluphenazine - tab 5mg (schizophrenia). -Citalopram tab - 40mg (depression). -Tamsulosin capsule (cap) - 0.4mg (urinary retention). -Simvastatin tab - 20mg (high cholesterol). -Vitamin D3 cap - 1,000 units (healthy bones, muscles, nerves and support the immune system). -Trazodone tab - 50 mg (depression and anxiety) -Methimazole tab - 5mg (hyperthyroidism). -All the above medications were available for administration. <p>Review on 2/27/24 of the MARs from December 2023 to February 27, 2024 of client #3's revealed:</p> | V 118 | | |

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| V 118 | <p>Continued From page 12</p> <p>-All the above medications were listed and administered by staff.</p> <p>Review on 2/27/24 of client #3's record revealed: -There were no physician orders for the above medications.</p> <p>Interview on 2/27/24 with staff #1 revealed: -He could not locate client #3's physician orders. -"They should have been in his (client #3's) chart."</p> <p>B) The facility failed to follow physician orders and keep MARs current: 1. Review on 2/27/24 of client #1's record revealed: -Admission date of 2/11/24. -Diagnoses of Methicillin-Resistant Staphylococcus Aureus (MRSA) Infected Craniotomy Bone Flap, Chronic Kidney Disease (CKD), Human Immunodeficiency Virus (HIV), Essential Hypertension, Anxiety, Depression, Schizophrenia, and Left Lower Extremity Neuropathy.</p> <p>Review on 2/27/24 of client #1's physicians order dated 2/11/24 revealed: -Aspirin Low tablet (tab) 81 mg (lowers risk of heart attack, stroke, or blood clot) - take 1 tablet (tab) once daily. -Bisacodyl tab 5mg (constipation) - take 2 tabs every other day. -Vitamin B-12 tab 1000 mcg (treat and prevent vitamin B12 deficiency anemia) - take 1 tab once daily. -Vitamin D2 capsule (cap) 50,000 units (Vitamin D deficiency, calcium disorders) - take 1 cap once a week. -Escitalopram tab 20 mg (depression and generalized anxiety disorder) - take 1 tab once</p> | V 118 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-237 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED R 03/11/2024 |
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| V 118 | <p>Continued From page 13</p> <p>daily.</p> <p>-Acetaminophen tab 650 mg (moderate pain) - take 1 tab 4 times a day.</p> <p>-Carvedilol tab 6.25 mg (hypertension) - take 1 tab twice daily.</p> <p>-Atorvastatin tab 10 mg (lower cholesterol) - take 1 tab every night at bedtime.</p> <p>-Docusate SOD (sodium) cap 100 mg (constipation) - take 1 cap every night at bedtime.</p> <p>-Gabapentin tab 600 mg (epilepsy) - take 1 tab 3 times a day.</p> <p>Review on 2/27/24 of client #1's physicians order dated 2/19/24 revealed:</p> <p>-Biktarvy tab (HIV-1) - take 1 tab once daily.</p> <p>Review on 2/27/24 of client #1's MARs for February 11 through February 27, 2024 revealed:</p> <p>-Aspirin Low tab 81 mg - not initialed as administered from 2/11 - 2/19.</p> <p>-Biktarvy tab - not initialed as administered from 2/11 - 2/19.</p> <p>-Bisacodyl tab 5 mg - not initialed as administered from 2/11 - 2/19.</p> <p>-Vitamin B-12 tab 1000 mcg - not initialed as administered from 2/11 - 2/27.</p> <p>-Vitamin D2 cap 50,000 units -not initialed as administered from 2/11 - 2/19.</p> <p>-Escitalopram tab 20 mg - not initialed as administered from 2/11 - 2/19.</p> <p>-Acetaminophen tab 650 mg - not initialed as administered from 2/11 - 2/19, 2/27 at 8 am and 12pm</p> <p>-Carvedilol tab 6.2 5mg - not initialed as administered from 2/11 - 2/19.</p> <p>-Atorvastatin tab 10 mg -not initialed as administered from 2/11 - 2/27.</p> <p>-Docusate SOD cap 100 mg -not initialed as administered from 2/11 - 2/19.</p> <p>-Gabapentin tab 600 mg -not initialed as</p> | V 118 | | | |

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| V 118 | <p>Continued From page 14</p> <p>administered from 2/11 - 2/27.</p> <p>-Humalog 100 UNIT/ML KWIKPEN was not listed on MAR.</p> <p>-Lantus SOLOS Injection 100 ml was not listed on MAR.</p> <p>-There were no physician orders for Humalog 100 UNIT/ML KWIKPEN and Lantus SOLOS Injection 100ml.</p> <p>Review on 3/8/24 of client #1's hospital discharge summary revealed:</p> <p>-2/23/24 - admitted to local hospital's emergency department.</p> <p>-Presented in emergency department for hyperglycemia.</p> <p>-"Group home stated to EMS (Emergency Medical Services) that they don't have a way of checking his (client #1's) CBG (Capillary Blood Glucose)."</p> <p>-Current CBG - 447.</p> <p>-"Chemistry shows hyperglycemia 413 after 10 units of IV insulin blood glucose now down to 171."</p> <p>2. Review on 2/27/24 of client #2's record revealed:</p> <p>-Admission date of 12/16/16.</p> <p>-Diagnoses of Schizophrenia, Type II Diabetes, Hypertension, Hyperlipidemia, Chronic Kidney Disease - Stage 4, Osteoporosis, and Allergic Rhinitis.</p> <p>Review on 2/27/24 of Client #2's physicians order dated 7/25/23 revealed:</p> <p>-Fluticasone SPR 50 mcg (allergies) - place 1 spray into both nostrils once daily.</p> <p>-Finasteride tab 5 mg (enlarged prostate) - take 1 tab once daily.</p> <p>-Pioglitazone tab 5 mg (type II diabetes) - take 1 tab once daily.</p> | V 118 | | |

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| V 118 | Continued From page 15 -Atorvastatin tab 20 mg (lower cholesterol) - take 1 tab once daily. -Amlodipine tab 20 mg (hypertension) - take 1 tab once daily. -Losartan Potassium tab 100 mg (hypertension) tab - take 1 tab once daily. -Calcitriol cap 0.5 mcg (treats low calcium levels) - take 1 tab once daily. -Gabapentin cap 300 mg (epilepsy) - take 1 cap once daily. -Therems Multivitamin (prevent vitamin deficiency) - take 1 tab every day. -Folic Acid (prevents and treats low levels of folate) - take 1 tab every day. -Vitamin B1 (treat and prevent vitamin B12 deficiency anemia) - take 1 tab every day. -BD Autosield Duo 30 g (gauge) - use once daily as directed. -Vitamin D2 cap 50,000 units (Vitamin D deficiency, calcium disorders) - take 1 cap every 6 weeks. -True Metrix TES Glucose (blood glucose test strips) - use 3 times daily as instructed. -Sevelamer tab 800 mg (control high blood levels of phosphorus) - take 2 tabs 3 times a day. -Blood Glucose Test - check blood sugars 3 times a day. -Clonidine tab 0.1 mg (hypertension) - take 1 tab twice daily. -Olanzapine tab 15 mg (schizophrenia, bipolar) - take 1 tab every night at bedtime. -Trazodone tab (depression, anxiety) 100 mg - take 1 tab at bedtime. -Doxazosin tab 2 mg (hypertension) - take 1 tab every night at bedtime. -Lantus SOLOS (Solostar) Injection 100 milliliters (ml) (diabetes) - Inject 10 units subcutaneously every night at bedtime. -Melatonin tab 1 mg (delayed sleep) - take 1 tab at bedtime. | V 118 | | |

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| V 118 | <p>Continued From page 16</p> <p>-Embrace Safety Lancet 28 g (obtain blood to test blood sugar) - use 1 each 3 times a day.</p> <p>Observation on 2/27/24 at approximately 2:45 pm of client #2's medication revealed:</p> <p>-Therems Multivitamin was not available.</p> <p>-Vitamin D2 cap 50,000 units was not available</p> <p>-Trazodone tab 100 mg was not available.</p> <p>Review on 2/27/24 of client #2's MARs for December 2023 through February 27, 2024 revealed:</p> <p>-Fluticasone SPR 50 - not initialed as administered from 2/1 - 2/27.</p> <p>-Finasteride tab 5 mg - not initialed as administered from 2/1 - 2/27.</p> <p>-Pioglitazone tab 5 mg - not initialed as administered from 2/1 - 2/27.</p> <p>-Atorvastatin tab 20 mg - not initialed as administered from 2/1 - 2/27.</p> <p>-Amlodipine tab 20 mg - not initialed as administered from 2/1 - 2/27.</p> <p>-Losartan Potassium tab 100 mg - not initialed as administered from 2/1 - 2/27.</p> <p>-Calcitriol cap 0.5 mcg - not initialed as administered from 2/1 - 2/27.</p> <p>-Gabapentin cap 300 mg - not initialed as administered from 2/26 - 2/27.</p> <p>-Therems Multivitamin - was initialed by staff indicating medication was administered on 2/1 - 2/25, not initialed as administered from 2/26 - 2/27.</p> <p>-Folic Acid - not initialed as administered from 2/26 - 2/27.</p> <p>-Vitamin B1 - was initialed by staff indicating medication was administered on 2/1 - 2/25, not initialed as administered from 2/26 - 2/27.</p> <p>-BD Autosshield Duo 30 g - not initialed as administered from 2/26 - 2/27 at 8 am.</p> | V 118 | | |

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| V 118 | <p>Continued From page 17</p> <ul style="list-style-type: none"> -True Metrix TES Glucose - not initialed as administered from 2/25 at 12 pm, 2/26 at 8 am and 12 pm, and 2/27 at 8 am. -Sevelamer tab 800 mg - not initialed as administered from 2/25 at 12 pm, 2/26 at 8 am and 12 pm, and 2/27 at 8am. -Blood Glucose Test - not initialed as administered from 2/26 - 2/27 at 7:30 am, 2/1 - 2/15 at 11:30 am, and 2/25 - 2/26 at 11:30 am. -Clonidine tab 0.1 mg - not initialed as administered from 2/27 at 8 am, 2/25 - 2/26 at 12 pm. -Olanzapine tab 15 mg - not initialed as administered from 2/26 at 8 pm. -Trazodone tab - was initialed by staff indicating medication was administered on 2/1 - 2/25, not initialed as administered from 2/26. -Doxazosin tab 2 mg - not initialed as administered from 2/1 - 2/26. -Lantus SOLOS Injection 100 ml - not initialed as administered from 2/26 at 8 pm. -Melatonin tab 1mg - not initialed as administered from 2/26 at 8 pm. -Embrace Safety Lancet 28 g - not initialed as administered from 2/26 - 2/27 at 8 am, and 2-1 - 2/27 at 12 pm. <p>C) The facility failed to ensure all medications were available.</p> <p>Observation on 2/27/24 at approximately 2:10 pm of client #1's medication revealed:</p> <ul style="list-style-type: none"> - Biktarvy tab (HIV-1) <p>Review on 2/27/24 of client #1's MAR for February 11 through February 27, 2024 revealed:</p> <ul style="list-style-type: none"> -Biktarvy tab (HIV-1) - blanks were observed from 2/11 - 2/19. | V 118 | | |

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| V 118 | <p>Continued From page 18</p> <p>Interview on 2/28/24 with client #1 revealed: -"I did not get one of my medications when I came here." -"It was my medication for HIV." -"It was seven days that I did not get my medication and I kept telling staff about it." -"I'm not sure if the hospital sent it or not." -"I felt fine, but I just needed staff to get my medication."</p> <p>Interview on 2/27/24 with staff #1 revealed: -"I was at the home [facility] when he (client #1) was admitted." -"He (client #1) was admitted on 2/11/24 and his medication came in a bag from the hospital, but we did not have the MAR for it." -"The HIV medication was not in the bag, and I told him [Director] the next day (2/12/24)." -"He (Director) tried to track down the pharmacy he (client #1) was using." -"I'm not sure when the medication was tracked down." -"It was delivered to the home on 2/19/24." -"I did not initial the MARs because I probably just followed the MAR that was not initialed, but I did give clients their medications."</p> <p>Interview on 2/27/24 with the Qualified Professional (QP) revealed: -"The owner goes over the medication." -"I might check it when I'm there and make sure reviews are done." -"I was aware that he (client #1) did not have his HIV medication (Biktarvy) when he was admitted." -"I was told by him (Director) that he (client #1) did not have the HIV medication."</p> <p>Interview on 2/28/24 with the Director revealed:</p> | V 118 | | |

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| V 118 | <p>Continued From page 19</p> <ul style="list-style-type: none"> - He was not sure why staff did not initial the MAR after administering medication to the clients. - "He (client #1) was admitted on 2/11/24." - "The hospital did send all of his (client #1's) medications except HIV medication." - "I had a hard time trying to get the medication." - "I tried to take him (client #1) to the emergency room to try and get it filled." - "The medication was delivered by them (pharmacy) on Wednesday or Thursday (2/14 or 2/15), I think." - "I was not made aware that he (client #1) had HIV med until later in the week, I was out of town." <p>Review on 3/5/24 of client #1's physician orders dated 3/4/24 revealed:</p> <ul style="list-style-type: none"> - Humalog 100 UNIT/ML KWIKPEN (type I or type II diabetes) - Inject 3 times (8am, 12pm, 5pm) a day before meals per sliding scale 100-150=0 units, 151-200=4 units, 201-250=8 units, 251-300=12 units, 301-351=16 units, 351-400=20 units, units >401. - Lantus SOLOS (Solostar) Injection 100 ml (type I or type II diabetes) - Inject 25 units SUBQ every night at bedtime Hold for fingerstick blood sugar <100. <p>Observation on 3/5/24 at approximately 12:00 pm of client #1's medication revealed:</p> <ul style="list-style-type: none"> - Humalog 100 UNIT/ML KWIKPEN - Lantus SOLOS Injection 100ml <p>Review on 3/5/24 of client #1's MAR for March 1 through March 5, 2024 revealed:</p> <ul style="list-style-type: none"> - Humalog 100 UNIT/ML KWIKPEN - blanks were observed from 3/1 - 3/4 at 8 am, 12 pm, and 5 pm, 3/5 at 8 am. - Lantus SOLOS Injection 100ml - blanks were | V 118 | | |

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| V 118 | <p>Continued From page 20</p> <p>observed from 3/1 - 3/4.</p> <p>Interview on 3/4/24 with client #1 revealed: -He did not receive insulin on 3/2/24 through 3/4/24</p> <p>Interview on 3/5/24 with staff #1 revealed: -"I worked Friday and Saturday (3/1 and 3/2) and he (client #1) was out of insulin." -"We received it today (3/5/24) though."</p> <p>Interview on 3/5/24 with staff #2 revealed: -"I worked yesterday (3/3/24) and saw that his (client #1's) insulin ran out." -"I called it in on today (3/4/24) and it should be refilled today and will be here today."</p> <p>Interview on 3/4/24 with the QP revealed: -"He (client #1) told me he did not have insulin for the past 3 days." -"I then reported it to him [Director] today (3/4/24)."</p> <p>Interview on 3/4/24 with the Director revealed: -"I found out he [client #1] was taking insulin when he came in (admitted) on 2/11/24." -"Staff did not tell me that his (client #1's) insulin was out over the weekend (3/1/ - 3/3), and I called staff every day." -"I thought he had a 30 day supply (insulin)." -"He (client #1) did not mention he had not received his insulin."</p> <p>2. Observation on 3/5/24 at approximately 12:50 pm of client #2's medication revealed: -Lantus SOLOS Injection 100ml was not available.</p> <p>Review on 3/5/24 of client #2's MAR for March 1 through March 5, 2024 revealed:</p> | V 118 | | |

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| V 118 | <p>Continued From page 21</p> <p>-Lantus SOLOS Injection 100ml - blanks were observed from 3/1 - 3/4.</p> <p>Interview on 3/5/24 with staff #1 revealed: -"He (client #2) is out of insulin, and it will be delivered today." -"He did not have it over the weekend and yesterday (3/1/24 - 3/4/24)."</p> <p>Interview on 2/28/24 and 3/4/24 with staff #2 revealed: -He gave all of the clients their medications. -He did not initial client #2's MAR because he was out of insulin when he worked on 3/3 and 3/4. "He (Director) said that it had something to do with his (client #2's) insurance not paying for it." -"He (Director) said he was straightening it out and that the insulin should come tonight (3/4/24)."</p> <p>Interview on 3/4/24 with the Director revealed: -"I just found out today (3/5/24) by staff (staff #1) that he (client #2) was out of insulin over the weekend (3/1/24 - 3/3/24). -"His (client #2's) insurance changed and the pharmacy said that the new insurance would not pay for the name brand and that the doctor had to change the medication's name to a generic name." -The pharmacy "trains staff for medication administration training and is supposed to cover diabetes training." -The pharmacy "checks the books every 3 months and the doctor comes out once a month." -He confirmed that the facility failed to have physician orders for administered medications. -He confirmed the facility failed to ensure the MARs were current for client #1 and client #2.</p> <p>-The pharmacist assistant confirmed that the</p> | V 118 | | |

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| V 118 | <p>Continued From page 22</p> <p>pharmacy received a signed physicians order for client #1's Biktavy (HIV medication) on 2/19/24 (per conference call with the Director and surveyor).</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>Review on 3/11/24 of a Plan of Protection (POP) written by the Qualified Professional dated 3/11/24 revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care:</p> <p>1. The director will replace the medication box (locked box) if he is not able to remove the current lock, a new locked box will be replaced if he is unsuccessful in opening the box, this will be completed on 3/11/24. The locked box will be placed in the appropriate area (i.e. refrigerator) for insulin; locked closet/file cabinet for controlled medications. The key will be placed in the office for safekeeping. The director will keep a copy of the key off site in case the key is misplaced.</p> <p>2. The Director will contact the [pharmacy] to schedule a "update" training for all staff, to ensure that they are able to be efficient in the following: initialing the MAR after dispensing each Medication for the member; make sure that medications are ordered within seven days before they run out; if there is an DC [discontinued] order make sure that the order is in the book, if not contact the prescribing doctor and or pharmacy make sure that the medication orders match the MAR at all times; if a new member is admitted, make sure that the MAR/orders/discharge information is correct-this is done by verifying all orders, and to make sure that the medication is in the facility on the day of admission. Describe your plans to make sure the above happens:</p> <p>3. If at anytime the key is misplaced, all staff will</p> | V 118 | | |

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| V 118 | <p>Continued From page 23</p> <p>be trained to contact the director immediately, so that the spare key is accessible to be retrieved so that the member can receive his medications.</p> <p>4. The Director will call the pharmacy for which there is a contract to have all staff retrained in medication administration on 3/11/24.</p> <p>5. The [pharmacy] will re-train all staff in medication administration and Diabetes Training (insulin administration, glucose check, and when to call the doctor and how to ask the doctor for instruction as to when to give additional medication or withhold the medication). The director will train all staff about the importance of providing all prescribed medications to the members in a prescribed manner, and document.</p> <p>6. Prior to admission, the director will contact the hospital etc. where the member is being discharged from; the director will review the medication orders against the FL2; if there are any discrepancies, the changes are made prior to admission; by doing this, it will allow the home to be in medication compliance."</p> <p>The facility served clients whose diagnoses included Methicillin-Resistant Staphylococcus Aureus (MRSA) Infected Craniotomy Bone Flap, Chronic Kidney Disease (CKD), Human Immunodeficiency Virus (HIV), Essential Hypertension, Anxiety, Depression, Schizophrenia, Left Lower Extremity Neuropathy, Schizophrenia, Type II Diabetes, Hypertension, Hyperlipidemia, Chronic Kidney Disease - Stage 4, Osteoporosis, and Allergic Rhinitis. Client #1's Biktarvy (HIV-1) medication was not available on 2/11/24 through 2/18/24. A review on 2/27/24 of client #1's MAR revealed blanks for Biktarvy (HIV-1) from 2/11 through 2/19. Client #1 reported that he continuously informed staff that he did not have his Biktarvy medication. Staff #1 and staff #2 confirmed that client #1's Biktarvy (HIV-1)</p> | V 118 | | |

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| V 118 | Continued From page 24 medication was not administered from 2/11/24 through 2/18/24. The Director reported that he had a difficult time obtaining the Biktarvy. Client #1's physician's order was dated on 2/19/24. Client #1 was not administered Biktarvy for a total of seven days. Client #1's Humalog 100 UNIT/ML KWIKPEN and Lantus SOLOS Injection 100ml was not available on 3/1/24 through 3/4/24. Client #1's MAR for 3/1/24 through 3/5/24 indicated blanks from 3/1/24 through 3/4/24 at 8 am, 12 pm, 5 pm and 3/5 at 8 am for Humalog 100 UNIT/ML KWIKPEN. Client #1's MAR for 3/1/24 through 3/5/24 indicated blanks from 3/1/24 through 3/4/24 for Lantus SOLOS Injection 100ml. Client #1's Humalog 100 UNIT/ML KWIKPEN and Lantus SOLOS Injection 100ml were not listed on the 2/11/24 through 2/27/24 MAR. A physician's order was dated 3/4/24 for client #1's Humalog 100 UNIT/ML KWIKPEN and Lantus SOLOS Injection 100ml. Client #1 reported that he did not receive either of the insulins on 3/2/24 through 3/4/24. Client #1 reported that he was admitted to the emergency department on 2/23/24 because he was ill. Client #1 reported that his blood glucose level was 400. Staff #1 reported that client #1 did not have insulin available on 3/1/24 through 3/4/24. Staff #2 reported that client #1 did not have insulin on 3/3/24 through 3/4/24. The Director reported that he thought client #1 had a 30 day supply of insulin. A review of client #1's medical record indicated that he was admitted to the emergency department on 2/23/24 for hyperglycemia. Client #1's blood glucose level was 447 upon admittance. Client #1 was not administered Lantus SOLOS Injection 100ml for a total of three days. An observance of client #2's Lantus SOLOS Injection 100 ml was not available on 3/5/24. Client #2's MAR for 3/1/24 through 3/5/24 indicated blanks on 3/1/24 through 3/4/24 for | V 118 | | |

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| V 118 | Continued From page 25 Lantus SOLOS Injection 100ml. Client #2's physician's order was dated 3/5/24 for Lantus SOLOS Injection 100ml. Staff #1 reported that client #2's insulin was not available on 3/1/24 through 3/4/24. Staff #2 reported client #2's insulin was not available on 3/3/24 through 3/4/24. Client #2 was not administered Lantus SOLOS Injection 100ml for a total of three days. The Director reported that staff #1 and staff #2 informed him on 3/5/24 that client's #1 insulin was not available on 3/1/24 through 3/3/24. The Director reported that client #1's insulin was not available due to a discrepancy with his health insurance. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. | V 118 | | |
| V 119 | 27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled | V 119 | | |

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| V 119 | <p>Continued From page 26</p> <p>Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to dispose of medication affecting one of three clients (#2). The findings are:</p> <p>Review on 2/27/24 of client #2's record revealed: -Admission date of 12/16/16. -Diagnoses of Schizophrenia, Type II Diabetes, Hypertension, Hyperlipidemia, Chronic Kidney Disease - Stage 4, Osteoporosis, and Allergic Rhinitis. -Physician's order dated 7/25/23 for Fluticasone SPR 50 micrograms(mcg) - Place 1 spray into both nostrils once daily (allergies).</p> <p>Observation on 2/27/24 of client #2's medication revealed: -Fluticasone SPR 50 mcg with an expiration date of 4/2021.</p> <p>Interview on 2/27/24 with client #2 revealed: -He could not recall if the medication was administered to him.</p> | V 119 | | |

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| V 119 | Continued From page 27 Interview on 2/27/24 with staff #1 revealed: -He was unaware that the medication had expired. -The expired medication should have been replaced with a current one. Interview on 2/27/24 staff #2 reported: -He "thought" client #2's medication was up to date. -He would have used the updated medication. Interview on 1/29/24 the Director reported: -He was unaware of staff using expired medications. -Staff were aware that expired medications could be discarded. -Staff were aware that they could have contacted and informed him of medication concerns. -The pharmacist reviewed medications every three months. | V 119 | | | |
| V 120 | 27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. | V 120 | | | |

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| V 120 | <p>Continued From page 28</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure medications were in a securely locked container affecting one of three clients (#2). The findings are:</p> <p>Review on 2/27/24 of client #2's record revealed: -Admission date of 12/16/16. -Diagnoses of Schizophrenia, Type II Diabetes, Hypertension, Hyperlipidemia, Chronic Kidney Disease - Stage 4, Osteoporosis, and Allergic Rhinitis.</p> <p>Observation on 2/27/24 at approximately 3:00 pm of client #2's medication container revealed: -A Lantus SOLOS Injection 100 ml (Type II Diabetes) pen stored in an unlocked container. -Staff #1 and #2 attempted to lock the container with several different keys. -The container was not labeled with client #2's name. -The dispense date was 1/11/24.</p> <p>Interview on 2/27/24 with staff #1 revealed: -"I'm not sure why it's (container) not locking." -"I have not been able to lock the box (container) since I started working here (4/29/23)." -"I never had a key to lock the box." -"I did not tell him (Director) it would not lock, but</p> | V 120 | | |

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| V 120 | Continued From page 29 will let him know." Interview on 2/27/24 with staff #2 revealed: -"I don't know what happened to the key." -He could not recall when he last locked the container. Interview on 2/29/24 with the Director revealed: -"I'm just now finding out that the lock box won't lock." -"He (staff #1) told me that the lock box did not have a key to lock it on today (2/29/24). -I'm not sure how long the lock box has been missing a key." -"It's a universal key and staff must have lost it." | V 120 | | |
| V 121 | 27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the | V 121 | | |

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| V 121 | <p>Continued From page 30</p> <p>facility failed to obtain drug regimen reviews every six months for one of three clients (#3) who received psychotropic drugs. The findings are:</p> <p>Review on 2/27/24 of client #3's record revealed: -Admission date of 4/29/16. -Diagnoses of Mild Developmental Disability (MDD), Chronic Obstructive Pulmonary Disease (COPD), Obstructive Sleep Apnea (OSA), Proteinuria, Hypertension (HTN), Hyperlipidemia (HLD), Benign Prostatic Hyperplasia (BPH), Gastroesophageal Reflux (GERD), Bipolar Disorder, History of Cerebral Vascular Accident (CVA) and Left Hemiparesis.</p> <p>Review on 2/27/24 of client #1's Medication Administration Record (MAR) for the months of December 2023 through February 27, 2024 revealed: -Risperidone tablet (tab) 1 milligram (mg) (schizophrenia and bipolar disorder) - take 1 tab once daily. -Citalopram tab 40 mg (antidepressant) - take 1 tab once daily. -Trazodone tab 50 mg (antidepressant, sleep) - take 1 tab every night at bedtime. -Drug regimen review was completed on 7/26/23. -There was no documentation of a drug regimen review completed within the last six months.</p> <p>Reviews on 2/27/24 of MARs revealed: -February 2024 - Staff documented client #3 was administered the above medications 2/1 through 2/27. -January 2024 - Staff documented client #3 was administered the above medications 1/1 through 1/31. -December 2023 - Staff documented client #3 was administered the above medications 12/1 through 12/31.</p> | V 121 | | |

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| V 121 | Continued From page 31 Interview on 2/27/24 with staff #1 revealed: -The pharmacist reviewed medications in January and February for all of the clients. -He was "not sure" why client #3's drug regimen review was not available. Interview on 2/28/24 with the Director revealed: -The pharmacist conducts a drug regimen review every three months. -The former House Manager used to take care of it. -The pharmacist was "supposed to come out, but I don't know if they came." | V 121 | | |
| V 291 | 27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's | V 291 | | |

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| V 291 | <p>Continued From page 32</p> <p>progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure coordination was maintained between the facility operator and other qualified professionals who are responsible for treatment/habilitation affecting 2 of 3 clients (#1 and #2). The findings are:</p> <p>The following is the evidence the facility failed to coordinate with the physician.</p> <p>Review on 2/27/24 and 3/5/24 of client #1's record revealed: -Admission date of 2/11/24. -Insulin, blood sugar checks, and a glucometer were not indicated on client #1's MAR from 2/11/24 through 2/27/24. -Humalog 100 UNIT/ML KWIKPEN was not listed on client #1's MAR from 2/11/24 through 2/27/24. -Lantus SOLOS Injection 100ml was not listed on client #1's MAR from 2/11/24 through 2/27/24. -Physician's orders dated 2/19/24 for 1 Biktarvy tab (HIV-1) to be administered once daily. -Physician's orders dated 3/4/24 for blood sugar to be checked 3 times daily.</p> <p>-The pharmacist assistant confirmed that the pharmacy received a signed physician's order for</p> | V 291 | | |

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| V 291 | <p>Continued From page 33</p> <p>client #1's Biktarvy (HIV medication) on 2/19/24 (per conference call with the Director and surveyor).</p> <p>Review on 3/8/24 of client #1's medical record revealed:</p> <ul style="list-style-type: none"> -2/23/24 - admitted to local hospital's emergency department. -Presented in emergency department for hyperglycemia. -"Group home stated to EMS (Emergency Medical Services) that they don't have a way of checking his (client #1's) CBG (Capillary Blood Glucose)." -Current CBG - 447. -"Chemistry shows hyperglycemia 413 after 10 units of IV insulin blood glucose now down to 171." <p>Observation on 3/5/24 at approximately 12:15 pm of client #1's blood glucose meter revealed:</p> <ul style="list-style-type: none"> -The data moved slowly, the screen was dim and would darken. <p>Interviews on 2/28/24 with client #1 revealed:</p> <ul style="list-style-type: none"> -"I did not get one of my medications when I came here." -"It was my medication for HIV." -"It was seven days that I did not get my medication and I kept telling staff about it." -"I'm not sure if the hospital sent it or not." -"I felt fine, but I just needed staff to get my medication." <p>Interview on 3/4/24 with client #1 revealed:</p> <ul style="list-style-type: none"> -"Staff are not checking my blood sugar level every day." -"Staff have not checked my blood sugar level because the meter is still weak." "The meter was weak when I was admitted here." | V 291 | | |

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| V 291 | <p>Continued From page 34</p> <p>- "My blood sugar has been checked about two times since I've been here."</p> <p>- "The meter is not working correctly."</p> <p>- He went to the emergency room on 2/23/24 because he was "feeling bad."</p> <p>- "He (staff #2) could not read the meter because it was weak."</p> <p>Interview on 3/5/24 with client #1 revealed: - He did not receive insulin on 3/2/24 through 3/4/24.</p> <p>Interview on 2/27/24 with staff #1 revealed: - "I check his (client #1's) blood sugar one to two times a day, no ...they are done three times a day."</p> <p>- "The meter works, but it works slow."</p> <p>- "I don't get a number on the meter all of the time."</p> <p>- "I think he (Director) knew that his (client #1's) meter was not working."</p> <p>- "I was at the home when he (client #1) was admitted."</p> <p>- "He (client #1) was admitted on 2/11/24 and his medication came in a bag from the hospital, but we did not have the MAR for it."</p> <p>- "The HIV medication was not in the bag, and I told him (Director) the next day (2/12/24)."</p> <p>- "He (Director) tried to track down the pharmacy he (client #1) was using."</p> <p>- "I'm not sure when the medication was tracked down."</p> <p>- "It was delivered to the home on 2/19/24."</p> <p>Interview on 3/5/24 with staff #1 revealed: - "I worked Friday and Saturday (3/1 and 3/2) and he (client #1) was out of insulin."</p> <p>- "We received it today (3/5/24) though."</p> <p>Interview on 3/4/24 with staff #2 revealed:</p> | V 291 | | |

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| V 291 | <p>Continued From page 35</p> <p>- "I have not checked his (client #1's) blood sugar because the meter is not working right."</p> <p>- "The battery is not working in his (client #1's) meter."</p> <p>- "I'm not sure how long it stopped working."</p> <p>- "I worked yesterday (3/3/24) and saw that his (client #1's) insulin ran out."</p> <p>- "I called it in on today (3/4/24) and it should be refilled today and will be here today."</p> <p>Interview on 3/5/24 with staff #2 revealed:</p> <p>- "He (Director) said that a new meter will come today (3/5/24)."</p> <p>Interview on 2/28/24 with the Director revealed:</p> <p>- "The hospital did send all of his (client #1's) medications except HIV medication."</p> <p>- "I had a hard time trying to get the medication."</p> <p>- "I tried to take him (client #1) to the emergency room to try and get it filled."</p> <p>- "The medication was delivered by them (pharmacy) on Wednesday or Thursday (2/14 or 2/15), I think."</p> <p>- "I was not made aware that he (client #1) had HIV med until later in the week, I was out of town."</p> <p>Interview on 3/4/24 with the Director revealed:</p> <p>- "I found out he (client #1) was taking insulin when he came in on 2/11/24."</p> <p>- "Staff did not tell me that his (client #1's) insulin was out over the weekend (3/1/ - 3/3), and I called staff every day."</p> <p>- "I thought he had a 30 day supply (insulin)."</p> <p>- "He (client #1) did not mention he had not received his insulin."</p> <p>Interview on 3/5/24 with the Director revealed:</p> <p>- "His (client #1's) meter was broken and not working when he came to the facility (2/11/24)."</p> | V 291 | | |

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| V 291 | <p>Continued From page 36</p> <p>-The hospital sent a broken meter when client #1 came to the facility. -"I talked with the pharmacy, and they will deliver a meter today (3/5/24)."</p> <p>Review on 2/27/24 of client #2's record revealed: -Admission date of 12/16/16. -Physician's order dated 3/5/24 for Lantus SOLOS Injection 100ml.</p> <p>Observation on 3/5/24 at approximately 12:50 pm of client #2's medication revealed: -Lantus SOLOS Injection 100ml was not available.</p> <p>Interview on 3/5/24 with staff #1 revealed: -"He (client #2) is out of insulin, and it will be delivered today." -"He did not have it over the weekend and yesterday (3/1/24 - 3/4/24)."</p> <p>Interview on 3/4/24 with staff #2 revealed: -He did not initial client #2's MAR because he was out of insulin when he worked on 3/3 and 3/4. "He (Director) said that it had something to do with his (client #2's) insurance not paying for it." -"He (Director) said he was straightening it out and that the insulin should come tonight (3/4/24)."</p> <p>Interview on 3/5/24 with the Director revealed: -"I just found out today (3/5/24) by staff (staff #1) that he (client #2) was out of insulin over the weekend (3/1/24 - 3/3/24). -"His (client #2's) insurance changed and the pharmacy said that the new insurance would not pay for the name brand and that the doctor had to change the medication's name to a generic name."</p> | V 291 | | |

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| V 536 | Continued From page 37 | V 536 | | | |
| V 536 | <p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> | V 536 | | | |

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| V 536 | Continued From page 38 (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence | V 536 | | |

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| V 536 | Continued From page 39 by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. | V 536 | | |

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| V 536 | <p>Continued From page 40</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure one of two audited paraprofessional staff (#2) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 2/27/24 of staff #2's personnel file revealed:</p> <ul style="list-style-type: none"> -Hire date of 7/14/22. -Hired as a Paraprofessional. -Staff #2's EBPI (Evidence Based Protective Interventions) training on alternatives to restrictive intervention expired 11/2/22. -There was no annual documentation of training on alternatives to restrictive intervention. <p>Interview on 1/17/24 with the Director revealed:</p> <ul style="list-style-type: none"> -The facility used EBPI as their curriculum for | V 536 | | |

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| V 536 | Continued From page 41 training on the use of alternatives to restrictive interventions. -Staff #2 had taken the class the same time as other staff. -A copy was in client #2's file. -"I think he (staff #2) came back and got it when he thought he was going to quit." -He did not know where staff #2's current EBPI certificate was. -The former House Manager and Qualified Professional were responsible for ensuring current EBPI training for staff. | V 536 | | |
| 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, safe, and attractive manner. The findings are: Observation on 2/27/24 at 11:00 am of the Exterior of the facility revealed: -Outside bottom of house: 6" x 6" hole in brick wall. -4' section of rail and spindles detached and lying on porch. -Left side of front porch (immediate left): broken spindles. -Front door: black stains on entire door. Observation on 2/27/24 at 11:10 am of the Hallway area revealed: | V 736 | | |

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| V 736 | <p>Continued From page 42</p> <p>-Hallway leading from front door towards kitchen: 4" x 4" hole in floor.</p> <p>Observation on 2/27/24 at 11:15 am of the Kitchen area revealed: -Missing tile in front of kitchen sink: 3 spaces of missing tile ranging in sizes from 6", 12", and 24". -Brown stain in ceiling over sink; approximately 12". -Layers of popcorn ceiling 24" x 8" over stove missing. -Brown circular water stain in ceiling - 2" x 2".</p> <p>Observation on 2/27/24 at 11:20 am of the Den area revealed: -There were three windows that would not open.</p> <p>Observation on 2/27/24 at 11:25 am of the Main Bathroom revealed: -Floor soft around tub area. -Bathroom tile missing in front of toilet, 2 - 12" x 6" spaces on either side of one tile and exposing wooden floor. -Bathtub mat: black stains of various sizes on mat. -Shower curtain missing three rings and hanging off shower rod. -Missing caulk between entire bathtub and wall.</p> <p>Observation on 2/27/24 at 11:30 am of client #1's Bedroom revealed: -Ceiling light not working. -Ceiling light did not have a cover. -1 fist size hole in wall beside dresser. -1 fist size hole in wall.</p> <p>Interview on 2/28/24 with client #1 revealed: -"The tub is filthy." -"The bathroom is not clean." -"The water was not draining in the sink, but it</p> | V 736 | | |

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| V 736 | Continued From page 43 was fixed." Interview 2/28/24 with the Director revealed: -"The holes in client #1's room were not noticeable because they were behind furniture." -He would have a staff repair the holes in client #1's room and repair other areas in the facility. -"The plumber came out and fixed the sink (main bathroom)." -There was an issue with the drainage of water; the water drained slowly. -He was aware that the main bathroom's bathtub needed to be caulked. -He acknowledged that the facility failed to ensure the facility was maintained in a clean, safe, and attractive manner. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 736 | | |
| V 738 | 27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observation, record review and interviews the facility staff failed to maintain an insect free environment. The findings are: Observation on 3/5/24 at approximately 12:45 pm of the kitchen floor revealed: -A roach crawled across the kitchen floor. | V 738 | | |

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| V 738 | Continued From page 44 Review on 2/28/24 and 2/29/24 of the facility's records revealed: -Verification of "Pest One Time - C" payment on 11/29/23. -Verification of pest control "startup" appointment scheduled on 2/29/24 at 12:00 pm. Interview on 2/28/24 with client #1 revealed: -"I saw one roach in my room a few days ago." -"I also saw more roaches in the kitchen on the counter." Interview on 2/27/24 with client #3 revealed: -"I saw roaches on the counter in the kitchen." Interview on 2/27/24 with client #4 revealed: -"I saw a roach in my room on the curtain when I first came here, six weeks ago." Interview on 2/27/24 with client #5 revealed: -"He occasionally saw roaches in the kitchen." Interview on 2/27/24 with staff #1 revealed: -"We do have roaches in the kitchen." Interview on 2/28/24 and 3/6/24 with the Director revealed: -"I just found out that there were roaches in the house when you (surveyor) came." -"He scheduled an appointment for an exterminator to come out on 2/29/24. | V 738 | | |