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By Pamela S. Pridgen at 6:58 pm, Apr 04, 2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL081-139	A. BUILDING: _____ B. WING _____	03/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALY HOME	121 GLENDALE DRIVE FOREST CITY, NC 28043

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 3/1/24. The complaints were substantiated (#NC00212182, NC00212233). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. The facility is licensed for 3 and has a current census of 2. The survey sample consisted of an audit of 2 current clients and 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	V 112	**V112 - QP for client will be responsible for transfer assessment. QP staff trained, which included training on the need for the assessment form and instructions regarding how it is completed.** Transfer Assessment document (included) developed to include reason for transfer, how the transfer will benefit the client, the client' current address, the proposed address, proposed transfer date, and if the transfer was discussed with the client's care team. Additionally, PCP's will be updated at the time of transfer to support the new environment and changes in the client's goals and needs. The transfer assessment form will have a section confirming the PCP/POC was updated with the date of occurrence.	04/30/2024

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V 112	Continued From page 1 obtained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to update treatment plan and assessment with current strategies to address the needs of 1 of 1 audited client. The findings are: Record review on for Client #1 revealed: -Date of admission: 4/19/22 -Diagnoses: severe intellectual development disability, attention deficit hyperactivity disorder. -There was no new assessment to indicate client behaviors or desire to move from group home. -Treatment plan dated 5/1/23 did not indicate a transition to new living situation in an AFL (alternative family living) managed by the same licensee as her group home. -There was no evidence that an admission assessment had been completed for Client #1 since her arrival at the Healy Home. Interview on 2/29/24 with Staff #1 revealed: -Client #1 moved into her home 5/1/23. -Behaviors have much improved from behaviors exhibited at the group home. Interview on 2/28/24 with the Qualified Professional revealed: -Client #1 lived in a group home with 3 other women. "[Client #1] had too many behaviors with	V 112		

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V 112	Continued From page 2 3 other female residents." -She was not the QP at that time and did not know who was involved in making the decision for Client #1 to move. -She did not know when Client #1 actually moved. -Confirmation of the date of admission to the AFL would have to be researched under the billing codes. -She would make sure the assessment, treatment plan and face sheet were updated.	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.	V 118	V118 RN to monitor. Medication administration documentation will be documented electronically for all clients residing in an AFL home. Additionally, the RN will pull a weekly report to monitor documentation for holes or omissions. Any holes or omissions will be addressed immediately with the person tasked with medication administration. If the medications were administered, late entries will be made and the person administering the medications will sign an attestation (included) that the medications were administered as ordered and within the allowed time frame. Per our medical records policy, in cases where a client is using a handwritten MAR for medication administration documentation, the paper document can only be delivered to the RN and must be	3/29/2024

			delivered by the AFL provider.	

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V 118	Continued From page 3 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 1 of 2 audited clients (#1) and 1 of 1 audited former client (FC #3). Record review on 2/28/24 for Client #1 revealed: -Date of admission: 4/19/22 -Diagnoses: severe intellectual development disability, attention deficit hyperactivity disorder. -Physician ordered medications on 11/14/23 included: -Benztropine 1mg (milligram) (tremors) 1 tablet twice daily. -Cetirizine 10mg (allergies) 1 tablet at bedtime. -Denta 5000 plus (cavities) brush on teeth at night. -Divalproex ER 500mg (behaviors) 2 tablets twice daily. -Fish Oil 1000mg (supplement) 1 capsule twice daily. -Fluoxetine 20mg (mood) 1 tablet in morning. -Fluticasone 50mcg (microgram) (allergies) 1 spray each nostril twice daily. -Levocarnitine 1gr(gram)/10ml (milliliters) (low carnitine) take 3ml twice daily.	V 118		

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V 118	Continued From page 4 -Multivitamin (supplement) 1 tablet daily. -Quetiapine 200mg (behaviors) 1 tablet twice daily. -Trazodone 50mg (sleep) 1 tablet at bedtime. Review on 2/28/24 of MARs 12/1/23-2/28/24 revealed: -Benztropine was not initialed as administered on 12/31/23 pm dose and 2/2/24 am dose. -Cetirizine was not initialed as administered on 12/31/23. -Denta 5000 was not initialed as administered on 12/31/23. -Divalproex was not initialed as administered on 12/31/23 pm dose and 2/2/24 am dose. -Fish Oil was not initialed as administered on 12/31/23 pm dose and 2/2/24 am dose. -Fluoxetine was not initialed as administered on 2/2/24. -Fluticasone was not initialed as administered on 12/31/23 pm dose and 2/2/24 am dose. -Levocarnitine was not initialed as administered on 12/31/23 pm dose and 2/2/24 am dose. -Multivitamin was not initialed as administered on 2/2/24. -Quetiapine was not initialed as administered on 12/31/23 pm dose and 2/2/24 am dose. -Trazodone was not initialed as administered on 12/31/23. Record review on 2/28/24 for FC #3 revealed: -Date of admission: 12/29/23 -Date of discharge: 1/8/24 -Diagnoses: moderate intellectual development disability, autism, hearing loss, cecostomy. -Physician ordered medications on 12/28/23 included: -Levocetirizine 5mg (allergies) 1 tablet once	V 118		

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V 118	Continued From page 5	V 118		

daily.
-Omega 3 1000iu (international units) (supplement) 1 capsule daily.
-Lorazepam 1mg (agitation) give ½ tablet 3 times daily PRN (as needed).
-Triamcinolone 0.1% cream (corticosteroid) rub on elbows twice daily on Monday, Wednesday and Fridays.
-Melatonin 10mg (sleep) 1 tablet at bedtime.
-Zolpidem 5mg (sleep) 1 tablet at bedtime PRN.
-Bisacodyl 5mg (laxative) crush 2 tablets and add to cecostomy flush mix
-Polyethylene Glycol 17gr (laxative) mix 34gr into cecostomy flush mix
-Cecostomy Flush daily- mix 600ml warm water, 1 teaspoon salt, polyethylene glycol and bisacodyl, dissolve and flush.

Review on 2/28/24 of MARs for FC #3 revealed:
-There were no MARs to review.

Interview on 1/29/24 with Staff #1 revealed:
-Completed MARs when she administered medications. Her internet might have been out on 12/31/23 or 2/2/24 or she may have just forgotten to document the administration for Client #1.
-Administered medications to FC #3 and recorded on the MARs. She had returned FC #3's personal property to the day program along with her medications and MARs in a box. She gave day program staff instruction to give to the Qualified Professional but did not know what might have happened to the MARs.

Interview on 2/28/24 with the QP revealed:
-Had handwritten the MARs for FC #3 rather than creating an electronic MAR because FC #3 was only "trying out" the AFL (alternative family living)

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V 118	Continued From page 6 placement. -Did not recall seeing the MARs for FC #3. -Assumed FC #3's mom took the MARs with FC #3's other possessions.	V 118	V541 QP for the client will complete and sign this form with the client/RP upon arival. QP and other administrative staff will receive training by 04/30/2024, with instructions regarding the completion of this document. NCOGH, LCC has developed a client inventory sheet (included) to account for all items and possessions brought with the client upon admission. The form includes a section to indicate if an item is damaged upon arrival to NCOGH, LLC. A designated employee (QP) and the client's RP will sign the completed form upon admission. The form will be placed in the client's file. Upon discharge, the sheet will be retrieved from the client's file and the client's items will be inventoried prior to discharge from NCOGH, LLC. Any damage should be documented at this time. There will be a section to include items the client acquired throughout their time at NCOGH, LLC. There is a signature space for a designated employee and for the client or responsible party to sign. The discharge section includes a disclaimer that states, "By signing below, I acknowledge that the items listed in the discharge column were present at the time of discharge from NCOGH, LLC. I agree that I have assessed the client's items for damage of	04/30/2024
V 541	27F .0104 Client Rights - Stor. & Protect of Cloth/Poss 10A NCAC 27F .0104 STORAGE AND PROTECTION OF CLOTHING AND POSSESSIONS Facility employees shall make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss, and misplacement. This includes, but is not limited to, assisting the client in developing and maintaining an inventory of clothing and personal possessions if the client or legally responsible person desires. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to protect client's personal items from damage, loss, and misplacement. The findings are: Record review on for Former Client (FC #3) revealed: -Date of admission: 12/29/23 -Date of discharge: 1/8/24 -Diagnoses: moderate intellectual development disability, autism, hearing loss, cecostomy. Interview on 2/29/24 with Staff #1 revealed: -"[FC #3] did well but mom was difficult. Mom called multiple times a day and expected us to respond immediately. We've got 2 other clients	V 541		

			loss. Any missing items or damages are listed/acknowledged on this form. By signing this form, I agree that the items were received in the condition documented on this form and no further claims for damages will be made."	

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V 541	Continued From page 7 to take care of." -"It just got to be too much. [FC #3]'s mom wanted to come pick up her things from here. It would have disrupted [Client #2]." -Packed and loaded FC #3's things onto a trailer and transported everything to the day program so that her mom could pick it up there. -"I did not want to be confronted so things were moved (by the day program staff) and I left." Interview on 2/29/24 with FC #3's mom/guardian revealed: -"They (licensee) sent me a check for $264.54 I guess for the things they threw out." -"I'm her legal court appointed guardian; only I can say what is thrown out." Interview on 2/28/24 with the Qualified Professional revealed: -"Yes some things were damaged (during the transportation to the day program)." -"A mattress protector was torn and a scratch on her nightstand." -"NCOGH (licensee) sent mom a certified check to reimburse for missing/damaged items for two hundred something and some change."	V 541		

NORTH CAROLINA OUTREACH GROUP HOMES, LLC

CLIENT ARRIVAL INVENTORY

NAME _____ **DATE** _____

Arrival Items	Damage Y/N	Present at Discharge Y/N	Damage Y/N

NORTH CAROLINA OUTREACH GROUP HOMES, LLC

Additional Items Included at Discharge (Items Acquired After Admission)	Damage Y/N

*****Take pictures of any damaged items on admission and upon discharge*****

Admission

NCOGH, LLC Representative _____ Date _____

By signing below, I acknowledge that the items listed are present upon admission to NCOGH, LLC. Any damage to items upon arrival is adequately documented.

Client/Authorized Representative _____ Date _____

Discharge

NCOGH, LLC Representative _____ Date _____

By signing below, I acknowledge that the items listed in the discharge column were present at the time of discharge from NCOGH, LLC. I agree that I have assessed the client's items for damage of loss. Any missing items or damages are listed/acknowledged on this form. By signing this form, I agree that the items were received in the condition documented on this form and no further claims for damages will be made.

Client/Authorized Representative _____ Date _____

North Carolina Outreach Group Homes, LLC

Transfer Assessment

Client _____ Date: _____

Reason for Transfer

_____

_____

_____

_____

_____

_____

How will transfer benefit the client?

_____

_____

_____

_____

_____

_____

Current Location/Address _____

_____

Proposed Location/Address _____

_____

Discussed with Care Team _____

Proposed Transfer Date _____

PCP Updated Y/N _____ Date _____

_____ Date: _____

Signature of person completing assessment