

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl054-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2024
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NAME OF PROVIDER OR SUPPLIER BALTIMORE	STREET ADDRESS, CITY, STATE, ZIP CODE 1932 OLD COLONY ROAD KINSTON, NC 28501
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on April 5, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview, the facility failed to develop and implement treatment strategies for 1 of 3 clients (Client #1). The findings are:</p> <p>Review on 04/04/24 of client #1's record revealed: - 41 year old female. - Admission date of 12/08/17. - Diagnoses of Impulse Control Disorder, Moderate Intellectual Developmental Disability, Seizures, Hypertension, Hypercholesterolemia, Anemia, Gastroesophageal Reflux Disorder and Vitamin D Deficiency.</p> <p>Review on 04/04/24 of client #1's Individual Support Plan (ISP) dated 10/01/23 revealed: - "My preferences:...[Client #1] has no restricted areas in the home, [Client #1] can go to all areas in the home. If she goes in a housemate's room she must knock before entering." - "What is not working?...Ripping and tearing of under panties and shirts. Throwing away clothes and objects." - No strategies to address the restriction of clothing items or access to personal closet.</p> <p>Observation on 04/03/24 at approximately 10:00am revealed: - Client #1's bedroom closet was locked.</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 2</p> <p>Interview on 04/04/24 client #1 stated: - She had lived at the facility for several years. - She had no specific concerns at the facility.</p> <p>Interview on 04/03/24 and 04/04/24 the Qualified Professional stated: - Client #1 had recently had her clothes moved back to her bedroom due to a history of tearing her clothes. - The Group Home Lead had told him the closet was locked to ensure the clothing items were not torn by client 31. - He was not aware staff had been keeping client #1's closet door locked.</p> <p>Interview on 04/04/24 the Director of Operations stated: - He was not aware staff were locking client #1's bedroom closet. - The facility would address the issue of client restrictions in the ISP.</p>	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</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; (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.</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 record reviews and interviews the facility failed to administer medications as ordered by a physician affecting 3 of 3 current clients (clients #1, #2, and #3). The findings are:</p> <p>Finding #1:</p> <p>Review on 04/04/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 41 year old female. - Admission date of 12/08/17. - Diagnoses of Impulse Control Disorder, Moderate Intellectual Developmental Disability(IDD), Seizures, Hypertension, Hypercholesterolemia, Anemia, Gastroesophageal Reflux Disorder and Vitamin D Deficiency. 	V 118		
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V 118	<p>Continued From page 4</p> <p>Review on 04/03/24 and 04/04/24 of client #1's signed physician orders revealed: 08/03/23</p> <ul style="list-style-type: none"> - Carbamazepine (treats seizures) 200 milligrams (mg) - take 2 tablets at lunch time and 1 tablet in the morning and at bedtime. - Cetirizine (seasonal allergies) 10mg - take one at bedtime. - Chlorpromazine (antipsychotic) 100mg - take 3 tablets at bedtime. - Divalproex (treats seizures) 500mg - take twice daily. - Ferrous Sulfate (iron) 325mg - take twice daily. - Melatonin (sleep aid) 5mg - take daily at bedtime. - Pravastatin (treats high cholesterol) 20mg - take once daily at bedtime. <p>02/05/20</p> <ul style="list-style-type: none"> - Listerine (mouthwash) - swish and spit twice daily. <p>Review on 04/04/24 of client #1's March 2024 MAR revealed:</p> <ul style="list-style-type: none"> - Pass notes: - Carbamazepine 12:00pm - "Employee did not pass medications." - Carbamazepine - 8:00pm - "Employee did not pass medications." - Cetirizine - 8:00pm - "Employee did not pass medications." - Chlorpromazine - 8:00pm - "Employee did not pass medications." - Divalproex - 8:00pm - "Employee did not pass medications." - Ferrous Sulfate - 8:00pm - "Employee did not pass medications." - Melatonin - 8:00pm - "Employee did not pass medications." 	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Pravastatin - 8:00pm - "Employee did not pass medications." - Listerine - 8:00pm - "Employee did not pass medications." <p>Interview on 04/04/24 client #1 stated:</p> <ul style="list-style-type: none"> - She received her medications daily. <p>Finding #2: Review on 04/04/24 of client #2's record revealed;</p> <ul style="list-style-type: none"> - 36 year old female. - Admission date of 03/08/22. - Diagnosis of Moderate IDD. <p>Review on 04/04/24 of client #2's signed physician orders dated 11/22/23 revealed:</p> <ul style="list-style-type: none"> - Eliquis (treats blood clots) 5mg - take twice daily. - Hydroxyzine (antianxiety) 50mg - take once daily at 7pm. - Melatonin 5mg - take once daily at 7pm. - Risperidone (antipsychotic) - take twice daily. - Senna (treats constipation) 8.6mg take 2 tablets at bedtime. <p>Review on 04/04/24 of client #2's March 2024 MAR revealed:</p> <ul style="list-style-type: none"> - Eliquis - 8:00pm - "Employee did not pass medications." - Hydroxyzine - 7:00pm - "Employee did not pass medications." - Melatonin - 7:00pm - "Employee did not pass medications." - Risperidone - 7:00pm - "Employee did not pass medications." - Senna - 8:00pm - "Employee did not pass medications." <p>Client #2 was nonverbal due to diagnoses of</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <p>Moderate IDD.</p> <p>Finding #3: Review on 04/04/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 30 year old female. - Admission date of 02/28/22. - Diagnoses of Moderate IDD, Attention Deficit Hyperactivity Disorder, Expressive Language Disorder and Major Depressive Disorder. <p>Review on 04/04/24 of client #3's signed medication orders dated 02/12/24 revealed:</p> <ul style="list-style-type: none"> - Buspirone (antianxiety) 15mg - take twice daily. - Lamotrigine (treats seizures) 100mg - take 2 tablets twice daily. <p>Review on 04/04/24 of client #3's March 2024 MAR revealed:</p> <ul style="list-style-type: none"> - Buspirone - 8:00pm - "Employee did not pass medications." - Lamotrigine - 8:00pm - "Employee did not pass medications." <p>Interview on 04/04/24 client #3 stated she received her medications daily.</p> <p>Interview on 04/04/24 staff #1 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility about one and 1/2 years. - She had training in medication administration. - She recalled a day in March 2024 when all the client's evening medications were not administered. - She thought the medications had previously been administered. - The facility had protocols in place for when medications were missed. - She did not recall completing incident reports or contacting the pharmacist of the medication 	V 118		

Division of Health Service Regulation

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V 118	Continued From page 7 errors. Interview on 04/04/24 the Director of Operations stated: - Staff had forgotten to administer evening medications to clients on 03/16/24. - Staff had ongoing training in medication administration. - Staff had protocols for when medications were not administered.	V 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 3 of 3 clients (#1, #2 and #3). The findings are: Review on 04/04/24 of facility records revealed: - No documentation a physician or pharmacy had been notified immediately of medication	V 123		

Division of Health Service Regulation

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V 123	<p>Continued From page 8</p> <p>administration errors.</p> <p>Refer to V118 regarding medication administration requirements.</p> <ul style="list-style-type: none"> - Client #1, Client #2 and Client #3 were not administered their evening medications on March 16, 2024. - The MARs reflected the "Employee did not pass medications" on 03/16/24. - The facility had protocols in place for medication errors. - Staff #1 reported she did not notify the physician or pharmacist of medication errors. <p>Interview on 04/04/24 the Director of Operations stated:</p> <ul style="list-style-type: none"> - A physician or pharmacist was not notified of the March 16, 2024 medication errors. - Staff are aware to notify the physician or pharmacist of medication errors. 	V 123		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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; 	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 9</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(c) In addition to the requirements set forth in 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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(A) review the copy of the client record to</p>	V 366		

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V 366	<p>Continued From page 10</p> <p>determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(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</p> <p>(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 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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p>	V 366		

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V 366	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to document their response to level I and level II incidents. The findings are:</p> <p>Review on 04/04/24 of facility records revealed: - No level I or level II incident reports had been generated for the 03/16/24 medication errors for client #1, #2 or #3.</p> <p>Refer to V118 regarding medication administration requirements. - Client #1, Client #2 and Client #3 were not administered their evening medications on March 16, 2024. - The MARs reflected the "Employee did not pass medications" on 03/16/24. - The facility had protocols in place for medication errors. - Staff #1 reported she did not complete incident reports for the medication errors.</p> <p>Interview on 04/04/24 the Director of Operations stated: - Staff are aware to complete incident reports for medication errors. - Staff had not completed incident reports for the medication errors for the clients on 03/16/24.</p>	V 366		