

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032356	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/30/2024
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NAME OF PROVIDER OR SUPPLIER INEZ'S HOUSE HC	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 INDEPENDENCE AVENUE DURHAM, NC 27703
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on April 30, 2024. The complaints were unsubstantiated (intake #NC00216100 and NC00216151). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and 	V 110		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 110	<p>Continued From page 1</p> <p>(7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews one of two audited former staff (FS #2) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:</p> <p>Review on 4/24/24 of FS #2's personnel record revealed: -Date of hire was 6/8/23 -Hired as a Habilitation Technician -Separation date was 4/7/24 -Supervision document dated 12/5/23-"[Qualified Professional (QP)] and [FS #2] discussed issues as it relates to the need of better communication supports...[QP] addressed with [FS #2] her tone, verbiage and provided feedback on hearing devices that can support her need of desiring to hear better/well..." -Supervision document dated 4/3/24-"[QP] met with [FS #2] and had an open discussion of her negative verbiage in communicating with the resident as well as administration. [QP] reported to [FS #2] that her negative verbiage will not be tolerated, [QP] engaged her to reframe from using negative words and that she needed to calm down when engaging with resident ...[FS #2] stated that using bad language was a habit that</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>she knows she need to stop and will do so immediately."</p> <p>Review on 4/24/24 of client #1's record revealed: -Admission date of 2/13/23. -Diagnoses of Mild Intellectual Disability, Autism Spectrum Disorder, Anxiety Disorder, Schizoaffective Disorder and Depression.</p> <p>Review on 4/25/24 of an in-house incident report dated 4/4/24 for client #1 revealed: -"[Client #1] reports to his natural supports (parents) that staff proposed a threat to him as if she was going to hit him by backing him up against his bed. [Client #1] reported that staff cursed at him and rushed him to get ready for his day support program ...[Client #1] reported that he felt safe in the home and was not afraid to remain in the home."</p> <p>Interview on 4/25/24 with client #1 revealed: -FS #2 "cussed" around them and she cussed at them "all the time." -He couldn't remember specifically the "cuss" words she used. -He told the Administrator and QP about FS #2 "cussing" at them. -FS #2 also made a gesture as if she wanted to hit him. -He could not remember when that incident occurred. -He reported that incident to his father.</p> <p>Interview on 4/25/24 with client #1's father revealed: -He overheard FS #2 cursing at client #1 in the background while he was on the few about a month or so ago. -FS #2 told client #1 "get up here and take your d**n medication."</p>	V 110		

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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> -He heard FS #2 in the background on other occasions yelling at the other clients. -He heard FS #2 yelling at the other clients on several times. <p>Attempted interview on 4/25/24 with FS #2 revealed:</p> <ul style="list-style-type: none"> -She was called via telephone and did not answer. -A voicemail message was left requesting the phone call be returned. -She never returned the phone call prior to the exit. <p>Interview on 4/24/24 with the QP revealed:</p> <ul style="list-style-type: none"> -FS #2 would "cuss" around the clients but would not "cuss" at the clients. -FS #2 could be "street and her verbiage was not good." -FS #2 could "sometimes just be negative." -In February 2024 client #1's father said FS #2 told client #1 "get your a** out of bed." -Client #1's father said he heard FS #2 say that to client #1 over the phone. -She also heard FS #2 say "I already told you to take your medication" to a client. -Client #1 also said FS #2 made him afraid. -Client #1 said FS #2 made a threatening gesture towards him. -FS #2 said it never happened. -FS #2 said client #1 lied about that incident. <p>Interview on 4/24/24 with the Administrator revealed:</p> <ul style="list-style-type: none"> -She was aware of FS #2 "cussing" in the presence of clients. -FS #2 "cussed a lot" whenever you talked to her. -FS #2 never "cussed" at the clients. 	V 110		

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V 118	Continued From page 4	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</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:</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Based on record review and interviews, the facility failed to keep the MARs current affecting one of one audited client (#1). The findings are:</p> <p>Review on 4/24/24 of client #1's record revealed: -Admission date of 2/13/23. -Diagnoses of Mild Intellectual Disability, Autism Spectrum Disorder, Anxiety Disorder, Schizoaffective Disorder and Depression.</p> <p>Reviews on 4/24/24 and 4/25/24 of client #1's physician's orders revealed: -4/10/24-Lithium Carbonate Extended Release (ER) 300 milligrams (Mood Stabilizer), one tablet in the morning and two tablets at bedtime (8:00 pm) -2/14/24-Methylphenidate 5 mg (Attention Deficit Hyperactivity Disorder), one tablet in the morning -6/8/23-Risperidone 1 mg (Autism Spectrum Disorder), one tablet every morning and three tablets at bedtime -5/3/23-Lithium Carbonate ER 300 mg, one tablet every morning and two tablets every evening</p> <p>Review on 4/24/24 of MARs for client #1 revealed:</p> <p>April 2024: -Lithium Carbonate ER 300 mg (one tablet every morning and two tablets every evening)-staff initialed the medication was administered on 4/11 to 4/24 am doses. -Lithium Carbonate ER 300 mg (one tablet every morning and two tablets at bedtime)-staff initialed the medication was administered on 4/1 to 4/9 am doses. No staff initials as administered on 4/23 am dose.</p> <p>March 2024:</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>No staff initials as administered for the following medications: -Lithium Carbonate ER 300 mg on 3/31 -Methylphenidate 5 mg on 3/31 -Risperidone 1 mg on 3/31</p> <p>Interviews on 4/24/24 and 4/30/24 with the Administrator revealed: -The order for the Lithium changed about two weeks ago. -FS #1 was putting his initials on the MAR for the original Lithium order. -She marked through the April 2024 MAR for the Lithium. -She marked through the MAR so staff wouldn't keep writing on it. -She didn't realize staff forgot to initial on 3/31 for some of client #1's medications. -She would normally catch those errors. -There were no issues with client #1 getting his prescribed medications. -Staff just forgot to sign off on the MAR to indicate the medication was administered. -She confirmed the MARs were not kept current for client #1.</p>	V 118		