

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL065-130</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>01/25/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>EL OGDEN</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>129 EL OGDEN DRIVE<br/>WILMINGTON, NC 28405</b> |
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| (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 |
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| V 000 | <p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on January 25, 2024. The complaint was unsubstantiated (intake #NC00212117). 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>The facility is licensed for 3 and currently has a census of 2 clients. The survey sample consisted of audits of 2 current clients.</p>                                                                                                                                                                                                                                                                                                                                                                                                                      | V 000 |                                                                                                             |  |
| V 114 | <p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> | V 114 | <p style="text-align: center;"><b>RECEIVED</b><br/><b>FEB 09 2024</b><br/><b>DHSR-MH Licensure Sect</b></p> |  |

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Leslie Flowers, Snr. QM Director*      2/16/24      TITLE      (X6) DATE

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| V 114              | <p>Continued From page 1</p> <p>Review on 01/25/24 of the facility documentation for fire and disaster drills from January 2023 to December 2023 revealed:<br/>-First Quarter-No 1st or 2nd shift fire drill and no 1st or 2nd shift disaster drill.<br/>-Second Quarter- No 3rd shift fire drill and no 2nd or 3rd shift disaster drill.<br/>-Third Quarter- No 2nd shift fire drill and no 1st or 2nd shift disaster drill.<br/>-Fourth Quarter- No 2nd or 3rd shift fire drill and no 2nd shift disaster drill.</p> <p>During interview on 01/24/24 client #1 revealed:<br/>-He had completed drills while living at the facility.</p> <p>During interview on 01/25/24 the Qualified Professional revealed:<br/>-The office sent a schedule for when the fire and disaster drills are to be done.<br/>-They are completed and documented on the new electronic system the agency is using.</p> | V 114         | <p>V114 – Staff did not select the type of drill on the form when submitting the drill via the link.<br/>Staff will be completing the drill paper form and an assigned staff member will enter the drill into the system.</p> | 2/6/24             |
| V 118              | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br/>(c) Medication administration:<br/>(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.<br/>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br/>(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</p>                                                                                                                                                                                                                                                                           | V 118         |                                                                                                                                                                                                                               |                    |

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| V 118              | <p>Continued From page 2</p> <p>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:</p> <ul style="list-style-type: none"> <li>(A) client's name;</li> <li>(B) name, strength, and quantity of the drug;</li> <li>(C) instructions for administering the drug;</li> <li>(D) date and time the drug is administered; and</li> <li>(E) name or initials of person administering the drug.</li> </ul> <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:<br/>Based on record review, interview, and observation, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 2 of 2 current clients (#1 and #2). The findings are:</p> <p>Finding #1:<br/>Review on 01/24/24 of client #1's record revealed:<br/>-72 year old male.<br/>-Admission date of 10/16/08.<br/>-Diagnoses of Alcohol Dependency, Mild Intellectually Developmental Disability, Hypertension, Problems related to Occupational Gait.</p> | V 118         |                                                                                                                 |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL065-130</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                           | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>01/25/2024</b> |
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| V 118                                               | Continued From page 3<br><br>Review on 01/24/24 of client #1's signed physician orders revealed:<br>10/26/23<br>-Advair HFA 115-21 MCG (Asthma) Inhaler Inhale 2 puffs by mouth twice daily.<br>-Amlodipine 10mg (Hypertension) Take 1 tablet by mouth every day.<br>-Aspirin EC 81mg (supplement) Take 1 tablet by mouth every day.<br>-Atorvastatin 40mg (decrease cholesterol) Take 1 tablet by mouth every day.<br>-Calcium 500mg +D (supplement) Take 2 tablets by mouth every day.<br>-Certavite (vitamin) Take 1 tablet by mouth every day.<br>-Eliquis 5mg (blood clots) Take 1 tablet by mouth twice daily.<br>-Entresto 97mg (blood pressure) Take 1 tablet by mouth twice daily.<br>-Farxiga 10mg (blood sugar) Take 1 tablet by mouth every day.<br>-Levetiracetam 1000mg (seizures) Take 1 tablet by mouth twice daily.<br>-Mag oxide 400mg (supplement) Take 1 tablet by mouth every day.<br>-Myrbetriq ER 25mg (overactive bladder) Take 1 tablet by mouth every day.<br>-Phenytoin ER 100mg (seizures) Take 1 capsule by mouth three times daily.<br>-Spironolactone 25mg (high blood pressure) Take 1 tablet by mouth every day.<br>-Donepezil 10mg Take 1 tablet by mouth every morning with large meal for memory impairment.<br>-Imipramine 25mg (bed wetting/depression) Take 1 tablet by mouth at bedtime.<br>-Metoprolol ER 50mg (hypertension) Take 2 tablets by mouth twice a day.<br>05/20/23<br>-Allopurinol 100mg (gout) Take 1 tablet by mouth every day. | V 118                                                                                       |                                                                                                                 |                                                                 |

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| V 118              | <p>Continued From page 4</p> <p>04/13/23<br/>Quetiapine 50mg (Schizophrenia) Take 1 tablet by mouth daily at bedtime.</p> <p>Review on 01/24/24 of client #1's November 2023 thru January 2024 MARs revealed the following omissions on the MAR to indicate the medication had been administered:</p> <ul style="list-style-type: none"> <li>-Donepezil 10mg-11/02/23, 11/25/23, 11/26/23, 12/09/23, 12/16/23, 12/24/23, 12/25/23</li> <li>-Phenytoin ER 100mg- 11/04/23 at 11pm, 11/15/23 at 11pm, 11/18/23 at 11pm,</li> <li>-Advair HFA 115-21 MCG-12/11/23 at 8pm, 12/16/23 at 8pm, 12/24/23 at 8pm, 12/26/23 at 8am and 8pm, 12/12/23 MAR transcribed "medication unavailable waiting on refill", 01/15/24 at 8am.</li> <li>-Allopurinol 100mg-12/25/23, 01/15/24.</li> <li>-Amlodipine 10mg-12/26/23, 01/15/24.</li> <li>-Atorvastatin 40mg-12/25/23, 01/15/24.</li> <li>-Calcium 500mg +D-12/25/23, 01/15/24.</li> <li>-Certavite-12/25/23, 01/15/24.</li> <li>-Eliquis 5mg-12/16/23 at 8pm, 12/24/23 at 8pm, 12/25/23 at 8am and 8pm, 01/15/24 at 8am.</li> <li>-Entresto 97mg-12/16/23 at 8pm, 12/24/23 at 8pm, 12/25/23 at 8am and 8pm, 01/15/24 at 8am.</li> <li>-Farxiga 10mg-12/25/23, 01/15/24.</li> <li>-Imipramine 25mg-12/16/23, 12/24/23, 12/25/23</li> <li>-Levetiracetam 1000mg-12/16/23 at 8pm, 12/24/23 at 8pm, 12/25/23 at 8am and 8pm, 01/15/24 at 8am.</li> <li>-Mag Oxide 400mg-12/25/23, 01/15/24.</li> <li>-Metoprolol 50 mg-12/16/23, 12/24/23, 12/25/23.</li> <li>-Myrbetriq ER 25mg-12/25/23, 01/15/24.</li> <li>-Phenytoin ER 100mg-12/09/23 at 3pm, 12/10/23 at 3pm, 12/16/23 at 11pm, 12/24/23 at 3pm and 11pm, 12/25/23 at 7am, 3pm, 11pm, 12/31/23 11pm, 01/02/24 at 3pm, 01/09/24 at 11pm, 01/16/24 at 11pm.</li> <li>-Quetiapine 50mg-12/16/23, 12/24/23, 12/25/23</li> </ul> | V 118         |                                                                                                                 |                    |

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| V 118              | <p>Continued From page 5</p> <p>-Spironolactone 25mg-12/25/23, 01/15/24.<br/>-Aspirin 81mg-01/03/24 MAR transcribed "Medication Unavailable pharmacy did not send."</p> <p>During interview on 01/24/24 client #1 revealed:<br/>-The staff gave him his medication.<br/>-He received his medication daily.</p> <p>Finding #2:<br/>Review on 01/24/24 of client #2's record revealed:<br/>-60 year old male.<br/>-Admission date of 12/04/00.<br/>-Diagnoses of Traumatic Brain Injury, Moderate Intellectual Developmental Disability, Schizoaffective Disorder, Conduct Disorder, Hypertension and Schizophrenia.</p> <p>Review on 01/24/24 of client #2's signed physician orders dated 07/12/22 revealed:<br/>-Aspirin (prevents strokes and heart attacks) 81mg - once daily.<br/>-Benzotropine (treats Parkinson's type symptoms) 0.5mg - 1 tablet daily.<br/>-Clonidine (lowers blood pressure) 0.1mg - 1 tablet twice daily.<br/>-Divalproex (treats seizures) 250mg - take twice daily.<br/>-Lovastatin (reduces bad cholesterol) 20mg - 1 tablet daily<br/>-Olanzapine (anti-psychotic) 20mg - take one tablet daily.<br/>-Rexulti (treats schizophrenia) 1mg - take twice daily.<br/>-Sertraline (anti depressant) 25mg - take twice daily<br/>-Sodium Fluoride 5000 Plus Cream (treats dental issues) - use as directed daily.<br/>-Tamsulosin (treats enlarged prostate) 0.4mg take once daily.</p> | V 118         |                                                                                                                 |                    |

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| V 118              | <p>Continued From page 6</p> <p>-Vitamin D3 (treats vitamin deficiency) 5000units - take once daily.</p> <p>Review on 01/24/24 of client #2's October 2023 thru December 2023 MARs revealed the following omissions on the MAR to indicate the medication had been administered:<br/>October 2023</p> <ul style="list-style-type: none"> <li>-Aspirin - 10/04/23 and 10/22/23.</li> <li>-Benzotropine - 10/5/23 thru 10/08/23, 10/09/23, 10/12/23, 10/16/23 thru 10/23/23 and 10/25/23.</li> <li>-Clonidine 10/04/23 8am, 10/05/23 thru 10/08/23 at 8pm, 10/16/23 thru 10/21/23 8pm, 10/22/23 8am and 8pm, 10/23/23 at 8pm and 10/25/23 at 8pm. "Exceptions" - 10/28/23 at 8pm and 10/29/23 at 8am "Medication Unavailable."</li> <li>-Divalproex - 10/04/23 at 8am, 10/05/23 thru 10/08/23 at 8pm, 10/10/23 at 8pm, 10/12/23 at 8pm, 10/16/23 at 8pm, 10/22/23 at 8am and 10/25/23 at 8pm.</li> <li>-Lovastatin - 10/05/23, 10/07/23, 10/08/23, 10/10/23 and 10/16/23 thru 10/23/23.</li> <li>-Olanzapine 10/05/23 thru 10/08/23, 10/10/23, 10/12/23, 10/16/23 thru 10/23/23 and 10/25/23.</li> <li>-Rexulti - 10/04/23 and 10/22/23.</li> <li>- Sertraline - 10/04/23 at 8am, 10/05/23 thru 10/08/23 at 8pm, 10/10/23 at 8pm, 10/12/23 at 8pm, 10/16/23 thru 10/23/23 at 8pm, 10/22/23 at 8am and 10/25/23 at 8pm.</li> <li>-Sodium Fluride 10/05/23 thru 10/08/23, 10/10/23, 10/12/23, 10/16/23 thru 10/23/23 and 10/25/23.</li> <li>-Tamsulosin - 10/05/23 thru 10/12/23, 10/16/23 thru 10/23/23 and 10/25/23.</li> <li>-Vitamin D3 10/04/23 and 10/22/23.</li> </ul> <p>November 2023</p> <ul style="list-style-type: none"> <li>-Aspirin - 11/25/23.</li> <li>-Clonidine - 11/25/23 at 8am. Exceptions - "Medication Unavailable" on 11/01/23 and 11/2/23</li> </ul> | V 118         |                                                                                                                 |                    |

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| V 118              | <p>Continued From page 7</p> <p>8am and 8pm, 11/03/23 8am and 11/04/23 thru 11/06/23 at 8am.<br/>                     -Divalproex - 12/25/23 at 8am.<br/>                     -Rexulti - 10/25/23.<br/>                     -Sertraline - 10/25/23 at 8am.<br/>                     -Vitamin D3 - 11/25/23.</p> <p>December 2023<br/>                     -Aspirin - 12/25/23 and 12/27/232.<br/>                     -Benzotropine - 12/24/23 and 12/25/23.<br/>                     -Clonidine - 12/24/23 8pm and 12/25/23 8am and 8pm.<br/>                     -Divalproex - 12/24/23 8pm and 12/25/23 8am and 8pm.<br/>                     -Lovastatin 12/24/23and 12/25/23.<br/>                     -Olanzapine - 12/24/23 and 12/25/23.<br/>                     -Rexulti - 12/22/23 and 12/27/23.<br/>                     -Sertraline - 12/24/23 at 8pm, 12/25/23 at 8am and 8pm and 12/27/23 at 8am.<br/>                     -Sodium Fluoride - 12/24/23 and 12/25/23.<br/>                     -Tamsulosin 0 12/24/23 and 12/25/23.<br/>                     -Vitamin D3 - 12/25/23 and 12/27/23.</p> <p>Interview on 01/25/24 client #2 stated:<br/>                     -He received his medications daily.<br/>                     -He did not recall missing any medications.<br/>                     -He attended doctor appointments with staff.</p> <p>During interview on 01/25/24 the Qualified Professional revealed:<br/>                     -The MAR should not have any areas without initials.<br/>                     -The agency has a nurse and she would get the nurse to assist with the staff to make sure the MAR's are completed correctly.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> | V 118         | <p>V118<br/>                     During this timeframe, the home was going through management transition.<br/>                     In December, New manager did not have access to electronic MAR and documented med admin on the paper form.</p> <p>RN provide review of the staff who would administer the meds on this shift. Manager work with HR for a coaching with this staff.</p> <p>RN provide training for med admin for all staff.</p> | 2/15/24            |



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL065-130</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                           | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>01/25/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>EL OGDEN</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>129 EL OGDEN DRIVE<br/>WILMINGTON, NC 28405</b> |                                                                                                                 |                                                           |
| (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 123                                               | <p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br/>(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.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist for 2 of 2 audited clients (#1 and #2). The findings are:</p> <p>Finding #1:<br/>Review on 01/24/24 of client #1's record revealed:<br/>-72 year old male.<br/>-Admission date of 10/16/08.<br/>-Diagnoses of Alcohol Dependency, Mild Intellectually Developmental Disability, Hypertension, Problems related to Occupational Gait.<br/>-No documentation a physician or pharmacist was notified of medication errors on 12/12/23 and 01/03/24.</p> <p>Review on 12/13/23 of client #1's medication administration record (MAR) revealed:</p> | V 123                                                                                       |                                                                                                                 |                                                           |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL065-130</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>01/25/2024</b> |
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| V 123              | <p>Continued From page 9</p> <p>-Advair HFA 115-21 MCG-12/12/23 MAR transcribed "medication unavailable waiting on refill."<br/>-Aspirin 81mg-01/03/24 MAR transcribed "Medication Unavailable pharmacy did not send."</p> <p>Finding #2:<br/>Review on 01/24/24 of client #2's record revealed:<br/>- 60 year old male.<br/>- Admission date of 12/04/00.<br/>- Diagnoses of Traumatic Brain Injury, Moderate Intellectual Developmental Disability, Schizoaffective Disorder, Conduct Disorder, Hypertension and Schizophrenia.<br/>-No documentation a physician or pharmacist was notified of medication errors on 10/28/23, 11/03/23, 11/04/23 and 11/05/23.</p> <p>Review on 01/25/24 of client #2's October 2023 and November 2023 MARs revealed:<br/>October 2023<br/>-Clonidine - "Exceptions" - 10/28/23 at 8pm and 10/29/23 at 8am "Medication Unavailable."<br/>November 2023<br/>-Clonidine - "Exceptions" 11/04/23, 11/05/23 and 11/06/23 "Medication Unavailable."</p> <p>During interview on 01/25/24 the Qualified Professional revealed:<br/>-She would contact a back up pharmacy to use when the agency they use is unable to get a medication to them.<br/>-The staff were supposed to document a level 1 incident report for any missed medications and also inform the pharmacy of the missed medication.</p> | V 123         | <p>V 123<br/>QM Provide a Med Error incident report Training for all staff.</p>                                 | 2/15/24            |

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| V 291              | Continued From page 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V 291         |                                                                                                                 |                    |
| V 291              | <p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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 progress toward meeting individual goals.</p> <p>(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:<br/>Based on record review and interviews the facility failed to coordinate medical services with other</p> | V 291         |                                                                                                                 |                    |

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| V 291 | <p>Continued From page 11</p> <p>professionals responsible for client's treatment for one of two audited clients (#2). The findings are:</p> <p>Review on 01/24/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 60 year old male.</li> <li>- Admission date of 12/04/00.</li> <li>- Diagnoses of Traumatic Brain Injury, Moderate Intellectual Developmental Disability, Schizoaffective Disorder, Conduct Disorder, Hypertension and Schizophrenia.</li> </ul> <p>Review on 01/24/23 of client #2's physician orders revealed:</p> <ul style="list-style-type: none"> <li>- Check blood pressure 2 times monthly if less than 90/40 or greater than 140/90 recheck in 15 minutes if still high or low contact the physician.</li> </ul> <p>Review on 01/24/24 of client #2's December 2023 and January 2024 Medication Administration Records revealed:</p> <p>December 2023</p> <ul style="list-style-type: none"> <li>- 12/01/23 blood pressure 169/106 - No documentation the blood pressure had been rechecked or if the doctor was notified.</li> </ul> <p>January 2024</p> <ul style="list-style-type: none"> <li>- 01/15/24 blood pressure 141/95 - No documentation the blood pressure had been rechecked or if the doctor was notified.</li> </ul> <p>Interview on 01/25/24 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- She did not know if staff had rechecked client #2's blood pressure on 12/01/23 and 01/15/24.</li> <li>- She would follow up on the documentation of blood pressure readings.</li> <li>- She understood the importance of following physician orders and adhering to the parameters.</li> </ul> | V 291 | <p>V291</p> <p>QM complete Coordination of Care training for all staff.</p> | 2/15/24 |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL065-130</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                           | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>01/25/2024</b> |
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| V 366                                               | Continued From page 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V 366                                                                                       |                                                                                                                 |                                                           |
| V 366                                               | 27G .0603 Incident Response Requirments<br><br>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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:<br>(1) attending to the health and safety needs of individuals involved in the incident;<br>(2) determining the cause of the incident;<br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;<br>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;<br>(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<br>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.<br>(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.<br>(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 | V 366                                                                                       |                                                                                                                 |                                                           |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL065-130</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                           | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>01/25/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>EL OGDEN</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>129 EL OGDEN DRIVE<br/>WILMINGTON, NC 28405</b> |                                                                                                                 |                                                           |
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| V 366                                               | Continued From page 13<br><br>by:<br>(1) immediately securing the client record<br>by:<br>(A) obtaining the client record;<br>(B) making a photocopy;<br>(C) certifying the copy's completeness; and<br>(D) transferring the copy to an internal review team;<br>(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:<br>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;<br>(B) gather other information needed;<br>(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<br>(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 | V 366                                                                                       |                                                                                                                 |                                                           |

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| V 366              | <p>Continued From page 14</p> <p>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> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to document their response to level I incidents. The findings are:</p> <p>Finding #1:<br/>Review on 01/24/24 of client #1's record revealed:<br/>-72 year old male.<br/>-Admission date of 10/16/08.<br/>-Diagnoses of Alcohol Dependency, Mild Intellectually Developmental Disability, Hypertension, Problems related to Occupational Gait.<br/>-No documentation a level 1 incident report was created for the medication errors on 12/12/23 and</p> | V 366         |                                                                                                                 |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL065-130</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                           | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>01/25/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>EL OGDEN</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>129 EL OGDEN DRIVE<br/>WILMINGTON, NC 28405</b> |                                                                                                                 |                                                           |
| (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 366                                               | <p>Continued From page 15<br/>01/03/24.</p> <p>Review on 12/13/23 of client #1's medication administration record (MAR) revealed:<br/>-Advair HFA 115-21 MCG-12/12/23 MAR transcribed "medication unavailable waiting on refill."<br/>-Aspirin 81mg-01/03/24 MAR transcribed "Medication Unavailable pharmacy did not send."</p> <p>Finding #2:<br/>Review on 01/24/24 of client #2's record revealed:<br/>- 60 year old male.<br/>- Admission date of 12/04/00.<br/>- Diagnoses of Traumatic Brain Injury, Moderate Intellectual Developmental Disability, Schizoaffective Disorder, Conduct Disorder, Hypertension and Schizophrenia.<br/>-No documentation a level 1 incident report was created for the medication errors on 10/28/23, 10/29/23, 11/01/23, 11/02/23, 11/03/23, 11/04/23, 11/05/23 and 11/06/23.</p> <p>Review on 01/25/24 of client #2's October 2023 and November 2023 MARs revealed<br/>October 2023<br/>- Clonidine "Exceptions" - 10/28/23 at 8pm and 10/29/23 at 8am "Medication Unavailable."</p> <p>November 2023<br/>-Clonidine - "Exceptions" - "Medication Unavailable" on 11/01/23 and 11/2/23 8am and 8pm, 11/03/23 8am and 11/04/23 thru 11/06/23 at 8am.</p> <p>During interview on 01/25/24 the Qualified Professional revealed:<br/>-She would contact a back up pharmacy to use</p> | V 366                                                                                       | V366<br>QM complete an Incident Report Training for all staff                                                   | 2/15/24                                                   |



Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL065-130</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>01/25/2024</b> |
|--------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|

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|-----------------------------------------------------|---------------------------------------------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EL OGDEN</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>129 EL OGDEN DRIVE</b><br><b>WILMINGTON, NC 28405</b> |
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| (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 366              | Continued From page 16<br><br>when the agency they use is unable to get a medication to them.<br>-The staff were supposed to document a level 1 incident report for any missed medications and also inform the pharmacy of the missed medication. | V 366         |                                                                                                                 |                    |