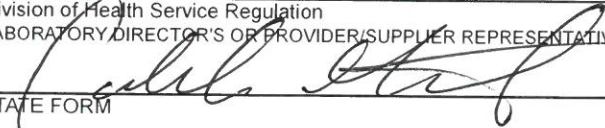


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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on April 5, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental 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	<p style="text-align: center;"><b>RECEIVED</b> MAY 06 2024 DHSR-MH Licensure Sect</p>	
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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		<p><b>V112</b></p> <p>Ensuring that client's rights are upheld at all times is of the upmost importance to Ambleside, Inc. In order to address the deficiency identified, Ambleside, Inc. immediately removed the locks from the closet doors at this home to ensure that the member had immediate access to personal belongings. Additionally, Ambleside Service Coordinator/QP pushed an Agency Wide memo addressing clients rights, their importance, and how to identify and report potential client's rights violations. Additionally, in order to prevent any deficiencies of this type in the future, All Clinical Administrators were educated that in order to institute a rights restriction of any type, the following process had to occur</p> <p>1) Any recommendation for rights' must be presented to a 3 person panel. That panel will consist of</p>

Division of Health Service Regulation LABORATORY/DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Director of Operations	5-1-24

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V 112	Continued From page 1  <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	> Director of Operations > Service Coordinator / Residential > Service Coordinator / HCBS In order for a Right's Restriction to be recommended to the treatment team majority favor must rule in this panel. 2) If the panel decides that a Rights' restriction would benefit the member's health/safety, the recommendation will be made to the treatment team as a whole, to include guardian and MCO Care Coordinator. In order for a right's restriction to be implemented, all member's of the treatment team must approve of the restriction 3) Finally, in order for a right's restriction to be implemented, the restriction must be written into the members Treatment/Habilitation plan, and signed by all members of the treatment team. 4) The Director of Operations will memorialize the approval and place the memo into the member's clinical record  Unless all of the steps identified above are followed, any restriction implemented by staff or administrators will be considered a violation, and will be subject to review and disciplinary action.  Through this panel system as well as involvmenet o fthe treatmnet team, we feel confident hat we will prevent these deficiencies from reoccurrence.	

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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	<p>V118 Ensuring that members are taking their medications as prescribed is an important component of Ambleside, Inc.'s service provision, and failure to administer medication as prescribed can cause negative outcomes for the individuals that we serve. To that effect, Ambleside, Inc. will work diligently to prevent the issues that lead to this deficiency from occurring again in the future. In order to prevent future instances of this deficiency, the following will occur. 1) The Ambleside, Inc. Medical Coordinator will monitor the e-MAR system on a daily basis. Any instances of "Failure to record" on the e-MAR</p>	5/4/24

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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: (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. (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: - 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.</p>	V 118	<p>by staff will be addressed immediately. Ambleside will first verify that the medication was administered. In order to verify, the Medical Coordinator (or other designated staff member), will review the bubble packs of the medication. The Medical Coordinator shall only be able to verify the med pass if initials of staff member and date on are the bubble pack. Without these data points, The medication cannot be verified as administered. In any instances where the medication cannot be verified as administered, the Medical Coordinator must contact the pharmacist on-call and report this instance as a med error, and document on a Level 1 Incident Report form.</p> <p>2) As creams are not dispensed in a bubble pack, a new form shall be developed and implemented for all creams utilized in this house. Any time a staff administers a cream/lotion that has been prescribed by a physician, staff will be required to indicate time of administration, location of administration and staff's initials who conducted the administration. This will ensure that there is verification method for creams and lotions applied.</p> <p>3) Finally, the Medical Coordinator shall conduct a monthly review of the MARs for each member that resides in this home. The Medical Coordinator will be responsible for reviewing the MAR, identifying any "missed med passes." If any "holes" are identified, the medical coordinator will work towards resolution/identification of the source of the hole. Once the cause of the issue, Medical Coordinator will</p>	5/4/24

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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"> <li>- Carbamazepine (treats seizures) 200 milligrams (mg) - take 2 tablets at lunch time and 1 tablet in the morning and at bedtime.</li> <li>- Cetirizine (seasonal allergies) 10mg - take one at bedtime.</li> <li>- Chlorpromazine (antipsychotic) 100mg - take 3 tablets at bedtime.</li> <li>- Divalproex (treats seizures) 500mg - take twice daily.</li> <li>- Ferrous Sulfate (iron) 325mg - take twice daily.</li> <li>- Melatonin (sleep aid) 5mg - take daily at bedtime.</li> <li>- Pravastatin (treats high cholesterol) 20mg - take once daily at bedtime.</li> </ul> <p>02/05/20</p> <ul style="list-style-type: none"> <li>- Listerine (mouthwash) - swish and spit twice daily.</li> </ul> <p>Review on 04/04/24 of client #1's March 2024 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Pass notes:</li> <li>- Carbamazepine 12:00pm - "Employee did not pass medications."</li> <li>- Carbamazepine - 8:00pm - "Employee did not pass medications."</li> <li>- Cetirizine - 8:00pm - "Employee did not pass medications."</li> <li>- Chlorpromazine - 8:00pm - "Employee did not pass medications."</li> <li>- Divalproex - 8:00pm - "Employee did not pass medications."</li> <li>- Ferrous Sulfate - 8:00pm - "Employee did not pass medications."</li> <li>- Melatonin - 8:00pm - "Employee did not pass medications."</li> </ul>	V 118	<p>complete Level 1 Incident Reports (if not already completed) for each missed medication, or verify the med was passed through the verification method identified above.</p> <p>Through these methods, we believe that we will be able to prevent these deficiencies from occurring again in the future.</p>	5/4/24
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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Pravastatin - 8:00pm - "Employee did not pass medications."</li> <li>- Listerine - 8:00pm - "Employee did not pass medications."</li> </ul> <p>Interview on 04/04/24 client #1 stated:</p> <ul style="list-style-type: none"> <li>- She received her medications daily.</li> </ul> <p>Finding #2: Review on 04/04/24 of client #2's record revealed;</p> <ul style="list-style-type: none"> <li>- 36 year old female.</li> <li>- Admission date of 03/08/22.</li> <li>- Diagnosis of Moderate IDD.</li> </ul> <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"> <li>- Eliquis (treats blood clots) 5mg - take twice daily.</li> <li>- Hydroxyzine (antianxiety) 50mg - take once daily at 7pm.</li> <li>- Melatonin 5mg - take once daily at 7pm.</li> <li>- Risperidone (antipsychotic) - take twice daily.</li> <li>- Senna (treats constipation) 8.6mg take 2 tablets at bedtime.</li> </ul> <p>Review on 04/04/24 of client #2's March 2024 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Eliquis - 8:00pm - "Employee did not pass medications."</li> <li>- Hydroxyzine - 7:00pm - "Employee did not pass medications."</li> <li>- Melatonin - 7:00pm - "Employee did not pass medications."</li> <li>- Risperidone - 7:00pm - "Employee did not pass medications."</li> <li>- Senna - 8:00pm - "Employee did not pass medications."</li> </ul> <p>Client #2 was nonverbal due to diagnoses of</p>	V 118		

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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: - 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> <p>Review on 04/04/24 of client #3's signed medication orders dated 02/12/24 revealed: - Buspirone (antianxiety) 15mg - take twice daily. - Lamotrigine (treats seizures) 100mg - take 2 tablets twice daily.</p> <p>Review on 04/04/24 of client #3's March 2024 MAR revealed: - Buspirone - 8:00pm - "Employee did not pass medications." - Lamotrigine - 8:00pm - "Employee did not pass medications."</p> <p>Interview on 04/04/24 client #3 stated she received her medications daily.</p> <p>Interview on 04/04/24 staff #1 stated: - 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</p>	V 118		

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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	V123 Ensuring that we receive feedback from pharmacists or physicians for any Medication error is Ambleside policy, and should be followed by all staff members. At the time of hire (during orientation), all staff are educated on Medication Incident reporting expectations, and requirements. In order to better track incident reports to ensure compliance with this rule, Ambleside will complete the following steps 1) Ambleside will build an internal spreadsheet used to track incident report receipt. 2) The Medical Coordinator will follow all steps identified in the previous deficiency identified above to prevent and identify med errors 3) if a med error is identified, the Medical Coordinator should be expecting an incident report. If an incident report is not received by staff within 24 hours of occurrence, the Medical Coordinator shall contact the pharmacy themselves to report the	5/4/24



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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"> <li>- Client #1, Client #2 and Client #3 were not administered their evening medications on March 16, 2024.</li> <li>- The MARs reflected the "Employee did not pass medications" on 03/16/24.</li> <li>- The facility had protocols in place for medication errors.</li> <li>- Staff #1 reported she did not notify the physician or pharmacist of medication errors.</li> </ul> <p>Interview on 04/04/24 the Director of Operations stated:</p> <ul style="list-style-type: none"> <li>- A physician or pharmacist was not notified of the March 16, 2024 medication errors.</li> <li>- Staff are aware to notify the physician or pharmacist of medication errors.</li> </ul>	V 123	<p>error, seek guidance on potential affects of the error, and will document the error on a Level 1 or Level 2 incident report form (depending on severity).</p> <p>3) One an incident report is either received by the Medical Coordinator, or completed by the Medical Coordinator The date of occurance, time of occurance name of medicaion, name of staff who was working at the time will be documented on the internal tracking spreadsheet</p> <p>4) When conducting monthly review, the Medical Coordinator will cross reference any missed medication with corresponding Incident Report to ensure that an incident report was conducted for the medication error</p> <p>5) Medical Coordinator will follow-up with all staff who did not complete an incident report per policy and procedure and the staff will be required to attend in-person training. Multiple instances of breach of policy will lead to disciplinary action.</p>	5/4/24
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"> <li>(1) attending to the health and safety needs of individuals involved in the incident;</li> <li>(2) determining the cause of the incident;</li> <li>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</li> <li>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</li> </ol>	V 366	<p>We feel as though this tracking tool, enhanced training, and updated procedure will ensure that all future instances of med errors are reported quickly and accurately to a physican and/or pharmacist</p>	

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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	<p>V366</p> <p>Ensuring that we receive feedback from pharmacists or physicians for any Medication error is Ambleside policy, and should be followed by all staff members. At the time of hire (during orientation), all staff are educated on Medication Incident reporting expectations, and requirements. In order to better track incident reports to ensure compliance with this rule, Ambleside will complete the following steps</p> <p>1) Ambleside will build an internal spreadsheet used to track incident report receipt.</p> <p>2) The Medical Coordinator will follow all steps identified in the previous deficiency identified above to prevent and identify med errors</p> <p>3) if a med error is identified, the Medical Coordinator should be expecting an incident report. If an incident report is not received by staff within 24 hours of occurrence, the Medical Coordinator shall contact the pharmacy themselves to report the error, seek guidance on potential affects of the error, and will document the error on a Level 1 or Level 2 incident report form (depending on severity).</p> <p>3) One an incident report is either received by the Medical Coordinator, or completed by the Medical Coordinator The date of occurrence, time of occurrence name of medicaion, name of staff who was working at the time will be documented on the internal tracking spreadsheet</p>	5/4/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl054-117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BALTIMORE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1932 OLD COLONY ROAD KINSTON, NC 28501</b>
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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	<p>4) When conducting monthly review, the Medical Coordinator will cross reference any missed medication with corresponding Incident Report to ensure that an incident report was conducted for the medication error</p> <p>5) Medical Coordinator will follow-up with all staff who did not complete an incident report per policy and procedure and the staff will be required to attend in-person training. Multiple instances of breach of policy will lead to disciplinary action</p>	5/14/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl054-117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALTIMORE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1932 OLD COLONY ROAD KINSTON, NC 28501</b>		
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V 366	Continued From page 11  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:  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.  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.  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.	V 366		

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