STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-271	A. BUILDING: _____ B. WING _____	R 02/09/2024

RECEIVED
MAR 11 2024
DHSR-MH Licensure Sect

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON	1606 SALEM CHURCH ROAD GOLDSBORO, NC 27530

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on February 9, 2024. The complaint was unsubstantiated (intake #NC00212818). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000	V118 Ensuring Medication is Administered as prescribed is a high priority for Ambleside, Inc. At this time, both deficient areas have been Corrected. Ambleside has obtained and filed a written order for Self-Administration of palynzik by the prescriber and a new 3 month Rx of famotidine has been written and is present in the home. To prevent these deficiencies moving forward the following actions will take place. 1) If an individual is able to Self administer medication, a written notice/order must be obtained prior to admission. That order must be Scanned and filed. Without this order, admission will not take place. In order to ensure this is adhered to, the Director of Operations will verify receipt of this Document, Create and Sign an	3/7/24
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

Division of Health Service Regulation

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V 118	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of three audited clients (#1). The findings are: Review on 2/8/24 of client #1's record revealed: -21 year old male. -Admitted on 9/5/23. -Diagnoses of Moderate Intellectual Disability, Disruptive Mood Dysregulation Disorder, Attention Deficiet Hyperactivity Disorder, Oppositional Defiant Disorder, Pheylketonuria (PKU), Conduct Disorder, Intermittent Explosive Disorder, Post Traumatic Stress Disorder, Asthma and a history of Seizures. -No evidence of a self-administration order for Palynziq 20 milligram (mg). Review on 2/8/24 of client #1's signed physician orders revealed: -9/5/23 - Famotidine 20 mg 2 tablets daily. -9/6/23 - Palynziq 20 mg subcutaneously once daily rotating sites. Review on 2/8/24 of client #1's MARs from	V 118	Acknowledgemat letter to be filed with the order and Scan both Documents. 2) In order to prevent lapse in Medication refills, the following will occur. ⇨ The Medical Coordinator will Monitor the emar System Daily. They will Check for the following ⇨ Refill orders sent to pharmacy ⇨ Missed Medications, and; ⇨ Exceptions (Reasons why meds were not given If a refill order is noted, Medical Coordinator will follow up with the home to ensure Medication was delivered. If it was not delivered, this would indicate med requires refill. Med Coordinator will then work With Provider to refill med in a timely fashion. If missed med or exception is noted, this may also be a sign that med requires refill. Process indicated Above will be followed.	3/7/24

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V 118	Continued From page 2 11/1/23 - 2/7/24 revealed: -Famotidine 20 mg has not been administered since 1/24/24. Observation on 2/7/24 between 11:30am - 11:45am of client #1's medications revealed: -Famotidine 20 mg was not available onsite. Interview on 2/8/24 client #1 stated: -He received his medications daily. -He self administered his daily injection. Interview on 2/8/24 the Group Home Manager stated: -Client #1 self administered his Palynziq 20 mg injection daily and staff monitored. -The facility was waiting on client #1's Famotidine 20 mg order. Interview on 2/8/24 the Director of Operations stated: -He was not aware client #1's Famotidine 20 mg was not available. -The facility requested client #1's self administration order for Palynziq prior to his admission however he was unable to locate it.	V 118	The Medical Coordinator Shall be responsible for this Daily Task, and Director of Operations will Complete Spot checks routinely to ensure this procedure is followed	3/7/24
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is	V 290	V290 Ensuring that a member's treatment plan has current and Accurate information is imperative to ensure a members needs are being met. As time progressed and behaviors stabalized this members staffing needs Changed, however Ambleside	

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V 290	Continued From page 3 capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by:	V 290	failed to Coordinate with the treatment team to update his treatment plan to reflect this. In order to correct this deficiency, Ambleside will work with this members IDD care Coordinator to update the language in the treatment plan to reflect that member "MAY require 1 to 1 Supports in periods of crisis," rather than the Current Language. Ambleside has communicated this request to Care Coordinator and is awaiting the updated plan. In order to prevent future deficiencies in this area, Ambleside will ensure that all plans are reviewed thoroughly and Staffing ratios mentioned are removed. This will be done to Allow Ambleside the flexibility	

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V 290	Continued From page 4 Based on record review and interviews the facility failed to maintain staff-client ratios above the minimum numbers to enable staff to respond to client needs affecting 1 of 3 clients audited (#1). The findings are: Review on 2/8/24 of client #1's record revealed: -21 year old male. -Admitted on 9/5/23. -Diagnoses of Moderate Intellectual Disability, Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Pheylketonuria (PKU), Conduct Disorder, Intermittent Explosive Disorder, Post Traumatic Stress Disorder, Asthma and a history of Seizures. Review on 2/8/24 of client #1's treatment plan dated 1/1/24 revealed: -"...My behavioral health support needs are extensive and can include verbal and physical aggression, property destruction, self injurious behaviors, elopements and a history of sexualized behaviors with children and animals ...require a highly structured daily routine where I am kept busy and engaged to deter me from having time to get into trouble ...require a structured environment with one on one supports in all setting to provide coaching, redirection and intervention...Goals...Currently has additional staffing due to impulsive behaviors, self-harm, aggression and property destruction..." Interview on 2/8/24 client #1 stated: -There was 1 staff in the morning and 2 staff in the afternoon. Interview on 2/8/24 the Group Home Manager stated: -She worked 2nd shift from 3pm-11pm at the	V 290	to provide up to date staffing patterns based on recent trends, rather than historical behavioral Frequency. This will be completed by Ambleside's Service Coordinator Qualified Professional. 3/9/24	

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V 290	Continued From page 5 facility. -She was working with another staff but now she worked alone. Interview on 2/8/24 the Director of Operations stated: -The facility had previously operated one to one. -The facility had 1 staff on each shift after the last client was discharged. -Client #1 was not supposed to have one on one services. -Client #1 no longer needed one to one services and his treatment plan needed to be updated.	V 290		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident;	V 367	V367 In order to Correct this deficiency, Ambleside Service Coordinators have been required to Study the IRIS Manual from Cover to Cover. Additionally, Ambleside's Director of Operations has published an internal memo Directing QPs to Complete IRIS report any time 911 is Contacted, regardless of Scenario. To ensure this is Completed, Director of operations will receive summary for all behavioral events and	3/7/24

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V 367	Continued From page 6 (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided	V 367		

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V 367	Continued From page 7 by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity/Managed Care Organization (LME/MCO) as required. The findings are: Finding #1 Review on 2/8/24 of client #1's record revealed: -21 year old male. -Admitted on 9/5/23. -Diagnoses of Moderate Intellectual Disability, Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Pheylketonuria	V 367		

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V 367	Continued From page 8 (PKU), Conduct Disorder, Intermittent Explosive Disorder, Post Traumatic Stress Disorder, Asthma and a history of Seizures. Review on 2/8/24 of the North Carolina Incident Response Improvement System (IRIS) for January 2024 revealed: -No level II report submitted by the facility for client #1 on 1/12/24. Review on 2/8/24 of a level I incident report for client #1 dated 1/12/24 revealed: --Type of Incident, Behavior Suicidal Threat, Aggressive Act Injury (due to) Aggressive Behavior by individual, Other:. -"Description of the incident including facts only...See attached papers [Client #1] arrived today via taxi from the hospital and immediately was threatening staff members and their family...Cops where called and once they arrived [client #1] was able to tell them he was fine...Cops said there was nothing they could do and left. [Client #1] lunged at staff...Cops where called again and they where able to speak with [client #1]..." Interview on 2/8/24 client #1 stated: -He was involved in an incident with Former Client (FC) #3 and the police responded to the facility. -There was another incident FC #3 attacked a staff and he (client #1) called the police. Finding #2 Review on 2/7/24 and 2/8/24 of FC #3's record revealed: -32 year old male. -Admitted on 11/13/23. -Discharged on 1/29/24. -Diagnoses of Autistic Disorder, Severe	V 367		

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V 367	Continued From page 9 Intellectual Disability and High Blood Pressure. Review on 2/8/24 of the North Carolina IRIS for January 2024 revealed: -No level II report submitted by the facility for FC #3 on 1/13/24. Review on 2/8/24 of a level I incident report for FC #3 dated 1/13/24 revealed: -Type of Incident, Behavior Aggressive Act Injury (due to) Aggressive Behavior by individual, Other:. -"Description of the incident including facts only... [FC #3] had shit the front door and I opened it back because I was going to go out of the door but has I reached to open the door [FC #3] slapped me on my chest and arm and was trying to steal the keys I had. Police and starter was called..." FC #3 was discharged prior to the survey and was not available for interview. Interview on 2/8/24 the Director of Operations stated: -A level II incident report should be completed anytime Law Enforcement responds to the facility. -No level II incident reports were completed for client #1 on 1/12/24 and FC #3 on 1/13/24. -He would ensure the Qualified Professional was retrained in incident reporting.	V 367	review during QA/QI meeting.	