

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2024
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NAME OF PROVIDER OR SUPPLIER DAWN'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 219 HICHORY HILL DRIVE MARION, NC 28752
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on April 23, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Alternative Family Living.</p> <p>The 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>27G .0209 Medication Requirements</p> <p>Staff was required to attend a medication class on 5/2/24. In this class all medication requirements are reviewed. QP will monitor MAR during monthly in home visit as well as at the end of the month for completion</p>	5/2/24
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118	<p>27G .0304 Facility Design and Equipment (no more than 2 clients per room)</p> <p>Waiver is being requested so that all 3 can remain living in the same room together. When attempts were made to separate it caused stress for all 3. Living together in the same large room is what they prefer and the team does not feel this affects their health and safety. In fact the opposite, being apart does. Waiver will be completed and sent to DHSR by 5/8/24</p> <p style="text-align: center;">RECEIVED MAY 09 2024 DHSR-MH Licensure Sect</p>	5/8/24

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Colleen Hahn, BA / Executive Director</i>	TITLE	(X6) DATE 5/6/24
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V 118	<p>Continued From page 1</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure MARs were kept current for 2 of 3 clients (Client #2 and Client #3). The findings are:</p> <p>Review on 4/18/24 and 4/23/24 of Client#2's record revealed: -Date of Admission: 3/7/05. -Diagnoses: Moderate Intellectual Developmental Disability (IDD); Disruptive Behavior Disorder; Seizure Disorder; Autism. -Physician's order dated 11/6/23 included: -Cogentin (anticholinergic) 0.5 milligrams (mg) 1 tablet by mouth (PO) twice daily. -Klonopin (sedative) 1 mg 1 tablet PO three times daily. -Catapres (sedative) 0.1 mg 1 tablet PO three times daily.</p> <p>Review on 4/18/24 and 4/23/24 of Client#2's MARs dated 2/1/24-4/18/24 revealed: -The following doses of medications were not initialed as administered: -Cogentin at 8:30 pm on 2/27/24. -Klonopin at 3:30 pm and 8:30 pm on 2/27/24, and 3:30 pm on 3/12/24. -Catapres at 3:30 pm on 2/21/24, and 3:30 pm on 3/12/24-3/16/24.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review of 4/18/24 and 4/23/24 of Client #3's record revealed: -Date of Admission: 4/1/05. -Diagnoses: Mild IDD; Attention Deficit Hyperactivity Disorder, Combined Type. -Physician's order dated 11/21/23 for Ortho Tri-Cyclen Lo (Birth Control) .18/.215/.25 mg 1 tablet PO daily. -Physician's order dated 2/12/24 for Propranolol Extended Release (hypertension/mood) 60 mg PO daily at bedtime.</p> <p>Review on 4/18/24 and 4/23/24 of Client #3's MARs dated 2/1/24-4/18/24 revealed: -No documentation of the Ortho Tri-Cyclen Lo strength. -The following doses of medications were not initialed as administered: -Ortho Tri-Cyclen at 6:30 am on 2/24/24-2/29/24. -Propranolol at 8:30 pm on 3/31/24.</p> <p>Interview on 4/23/24 with Alternative Family Living (AFL) Provider#1 revealed: -She administered medications to clients and updated the MARs "as I give it ...There is never a time I don't give the medication. I can't think of anything unless I just initialed over twice on the same slot, but I always give their medicine ...if it's their time, I give their medicine ...It was given. I just made a mistake in documenting (the MARs)."</p> <p>Interview on 4/23/24 with the Qualified Professional revealed: -She made sure all client medications, MARs and physician's orders matched at the beginning of the month. -She did not thoroughly review MARs at the end of each month.</p>	V 118		

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V 118	Continued From page 3 -"I will look at the MARs and recheck it again when they're turned in. This was a documenting error ...I need to do a better job checking it at the end of the month."	V 118		
V 766	<p>27G .0304(d)(3) Not More Than Two Clients</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(3) No more than two clients may share an individual bedroom regardless of bedroom size.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure no more than 2 clients shared a bedroom, regardless of the bedroom size, affecting 3 of 3 clients (Client # 1-3). The findings are:</p> <p>Observation of the Alternative Family Living (AFL) facility on 4/18/24 at approximately 10:54 am - 11:22 am revealed: -The lower level of the AFL was set up as a shared bedroom for 3 clients. -The room was equipped with 3 beds, 3 dressers and 3 nightstands.</p> <p>Review on 4/23/24 of Waivers approved by the Division of Health Service Regulation revealed:</p>	V 766		

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V 766	<p>Continued From page 4</p> <p>-No evidence of a current approved waiver for Dawn's Place.</p> <p>Interview on 4/22/24 and 4/23/24 with AFL Provider #1 revealed: -" I was licensed in 2003 for 3 girls (clients) and they all have stayed together ever since. The have always slept in the same space downstairs ...They love being together ...No issues with the downstairs (shared bedroom) and that's what I got licensed for when all the girls came ..." -Used to receive waivers, but "haven't needed a waiver in years since they (clients) are all adults."</p> <p>Interview on 4//22/24 with AFL Provider #2 revealed: -"I have been an AFL provider for 20-21 years at the same residence and with the same clients."</p> <p>Interview on 4/23/24 with the Qualified Professional (QP) revealed: -She provided oversight of the AFL for the past 5 years. -3 clients shared a bedroom on the lower level of the facility. -"My understanding is that it's always been that way ...At one time they were going to let one of the girls (clients) have a separate room and all she did was cry. They are like siblings and have been together for years." -She was not aware that no more than 2 clients could share a bedroom. -Planned to request a waiver.</p>	V 766		