Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL007-087	A. BUILDING: ______ B. WING ______	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING RAYWOOD HOUSE	**3706 CHERRY ROAD WASHINGTON, NC 27889**

(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 000	INITIAL COMMENTS An annual survey was completed on March 7, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 beds and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112	RECEIVED MAR 22 2024 DHSR-MH Licensure Sect	

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interview, the facility failed to develop and implement treatment strategies for 1 of 3 clients audited (Client #1). The findings are:

Review on 03/05/24 of client #1's record revealed:
- 65 year old female.
- Admission date of 10/27/22.
- Diagnoses of Mild intellectual Developmental Disability (IDD), Gastroesophageal Reflux Disease, High Cholesterol, Diabetes Mellitus and Colon Cancer.
- Physician order dated 01/4/24 Lantus (lowers blood sugar) - 5 units at bedtime.

Review on 03/05/24 of a signed FL-2 dated 12/23/23 for client #1 revealed:
- Check finger stick blood sugar values once a day.
- Januvia (controls blood sugar) 25 milligrams (mg) - take once daily.
- Metformin (manages blood sugar) 500mg - take twice daily.

Review on 03/05/24 of client #1's Person-Centered Profile (PCP) dated 08/24/23 revealed:
- "8/24/23...The previous provider locked locked the kitchen down and monitored portions via cameras. Many of these strategies presented as

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V 112	Continued From page 2	V 112		

client right's violations and the restrictions were quickly lifted by the new owners. However, the decision has been made to begin locking the pantry and kitchen between the hours of 10pm and 6am for the well being of the residents. This will be reflected in a new goal noted below. [Client #1] is very happy in her current placement:
- "Characteristics/Observation/Justification for this goal: Will likely receive cancer treatments; excessive weight gain over the last year; increased blood sugar...Over the plan year, [Client #1] will work diligently to maintain physical health as evidenced by:..Remain complaint with house rules (refrigerator and pantry will be locked the hours of 10pm and 6am)."
- No strategies to address diabetes management or treatment.

Interview on 03/05/24 client #1 stated:
- She was her own guardian.
- Staff checked her blood sugar daily.
- She had no concerns with treatment at the facility.

Interview on 03/05/24 the Registered Nurse (RN)/Associate Professional stated:
- The facility does not lock the refrigerator in the facility.
- Client #1's PCP may not have been updated from previous providers.

Interview on 03/07/24 the RN/Qualified Professional stated:
- He understood client #1's PCP needed to reflect strategies to address treatment needs.
- He would ensure client #1's PCP contained information for staff to address her current needs.

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V 114	Continued From page 3	V 114		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. The findings are: Review on 03/05/24 of facility records for 2023 revealed: - No fire or disaster drills documented for the 3rd quarter of 2023. - No fire or disaster drills documented for the 4th quarter of 2023. Interview on 03/05/24 the Quality Assurance Supervisor stated: - The facility had one shift. - Staff worked from Friday to Friday.	V 114		

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V 114	Continued From page 4 Interview on 03/05/24 and 03/07/24 the Registered Nurse/Qualified Professional stated: - He understood fire and disaster drills had to be completed quarterly and repeated on each shift.	V 114		
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 (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.	V 118		

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V 118	Continued From page 5	V 118		

This Rule is not met as evidenced by:
Based on record reviews, observation and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 1 of 3 audited clients (#6). The findings are:

Review on 03/05/24 of client #6's record revealed:
- 60 year old female.
- Admission date of 09/26/22.
- Diagnoses of Mild Intellectual Developmental Disability, Anxiety Disorder and Adjustment Disorder with Depressed mood.
- Provider visits for injured ankle on 01/19/24 and 02/02/24.
- Medication order 01/24 - Meloxicam (pain reliever) 7.5mg - daily as needed.

Review on 03/05/24 of client #6's January 2024 thru March 2024 MARs revealed the following transcribed entry:
- Meloxicam 7.5mg - take 1 tablet by mouth daily as needed for pain.
- Staff initialed Meloxicam as administered on 01/10/24, 01/11/24, 01/19/24, 01/21/24, 01/23/24, 01/25/24, 02/02/24, 02/03/24, and 02/05/24 thru 02/07/24. Total of 11 doses.

Observation on 03/05/24 at approximately 1:47pm revealed no Meloxicam available for administration.

Interview on 03/06/24 client #6 stated:

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V 118	Continued From page 6	V 118		

- She had fractured her ankle recently.
- She had followed up with her provider regarding her ankle injury.
- She still had pain in her ankle.

Interview on 03/06/24 staff #2 stated:
- She had worked at the facility since November 2023.
- She had training in medication administration.
- All clients had received their medications.
- Client #6 had received her medication as needed.
- She failed to properly document when she gave client #6 her as needed medication.

Interview on 03/05/24 the Registered Nurse (RN)/Associate Professional stated:
- The pharmacy had sent client #6 a 30 day supply of Meloxicam.
- The facility staff had documented the Meloxicam was administered 11 days.
- Staff had failed to document when the other doses of Meloxicam were given.

Interview on 03/07/24 the RN/Qualified Professional stated:
- Clients received their medications as ordered.
- Facility staff are frequently inserviced on documentation of medication administration.

Due to the failure to accurately document medication administration, it could not be determined if the client received their medications as ordered by the physician.

Plan of Correction

Country Living Guest Home , Inc.
Country Living: Raywood House
MHL-007-087

ID Prefix Tag	Plan of Correction	Complete Date
V114 27G .0207 Emergency Plans and Supplies	The facility will continue to conduct fire drills on a monthly basis. Each month, the drill will be conducted during a different shift, ensuring that a drill is held in each of the 3 designated shifts per quarter. Designated Shifts are as follows: -1st 9am to 5pm -2nd 5pm to 1am -3rd 1am to 9am All drills will simulate fire emergencies. Fire drills will be documented on the Fire & Disaster Drill Rehearsal Form located within each individual home. All drills will be reviewed monthly by the designated Quality Assurance Supervisor. Prior to signing off on the drill, the QAS will ensure that drills have been conducted in a manner that is consistent with the information listed above. A management meeting was held on 1/29/24 to discuss the deficiency noted by DHHS on 1/25/24. The meeting was conducted by [redacted] and [redacted] LCSW,QP,Administrator with all 3 Quality Assurance Supervisors present.	3/15/24
V118 27G .0209 (C) Medication Requirements	The facility will ensure all medications are administered per physician's order and documented on the MAR. The MAR will remain current.	3/15/24

	The facility will continue to utilize an electronic medication administration record (EMAR) offered through Express Care Pharmacy. Medication administration training was provided to all staff within the agency on 2/8/24 and 2/9/24. The agency offered 2 dates to ensure attendance of all staff. The training was conducted by [redacted] Management continues to explore scenarios that led to the "blanks" on the EMAR. Staff denies making the medication errors. Issues related to medication counts have not been reported to the RN/QP. The QAS will continue to monitor med counts throughout the month and prior to staff opening the new batch on the 7th of each month. Management continues to consult with Express Care Pharmacy to rule out technical errors associated with the EMAR system. The facility hired another RN on 11/6/23. The EMARs will be monitored daily over the next several months as a result of the deficiency. They will be monitored weekly and as needed thereafter to ensure compliance with medication administration requirements. Oversight of the EMARs will be the responsibility of a facility RN. All feedback and findings related to medication administration will be reported to [redacted]	
V112 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan	All treatment plans within the facility will remain current and will reflect the needs of the consumers. Each PCP within the home will be reviewed by a Qualified Professional and revised to ensure treatment goals and interventions remain applicable. It will be the responsibility of the QP to monitor the PCP. The PCP will be monitored at least annually to remain in compliance with DHHS standards, but quarterly review can realistically be anticipated. Updates/revisions will take place as often as needed to meet the needs of the consumers.	3/15/24

Provider Signature: JaBell, BSN, RN QP

Date: 3/15/24