

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601019 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/14/2024 |
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| NAME OF PROVIDER OR SUPPLIER DIAMOND'S HOUSE #1 | STREET ADDRESS, CITY, STATE, ZIP CODE 228 GOFF STREET CHARLOTTE, NC 28208 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual survey was completed on 5-14-24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living For Adults With Developmental Disability.</p> <p>This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p> | V 000 | | |
| V 105 | <p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> | V 105 | | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 105 | Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; | V 105 | | |

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| V 105 | <p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews, interview, and observation, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 3-28-24 of client #2's record revealed: -Date of admission: 2-2-23. -Diagnoses: Autism Spectrum Disorder, Unspecified Schizophrenia, Bipolar Disorder, Type 1 Diabetes, Cluster B Personality Disorder. -Physicians orders for the following: -7-13-23 for Accu Chek Guide Test Strips (use to check glucose levels) (use 4 times daily subcutaneously). -8-2-23 for Accu-Chek Softclix Lancets (use to check glucose with use of insulin 4 to 6 times daily).</p> <p>Review on 3-28-24 of facility records revealed no CLIA waiver present.</p> <p>Review on 5-8-24 of DHSR (Department of Health Service Regulations) files revealed no CLIA wavier present.</p> <p>Observation on 3-28-24 at approximately 2:45pm of client #1's blood glucose monitor.</p> <p>Interview on 3-28-24 with the House Manager (HM) revealed: -Client #1's blood sugar was checked 4 to 6 times</p> | V 105 | | |

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| V 105 | Continued From page 3 a day using the blood glucose monitor. -"We do it (check client #2s blood sugar) he can do it himself but we always do it when he is here (at the facility)." Interview on 4-6-24 with the Executive Director/Qualified Professional (ED/QP) revealed: -The facility did not have a CLIA wavier. -"We don't need a CLIA wavier, we don't do urinalysis." -"I didn't know we needed a CLIA waiver for blood sugar checks, that's the first time I ever heard that we needed a waiver for blood sugars." | V 105 | | |
| V 108 | 27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid | V 108 | | |

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| V 108 | <p>Continued From page 4</p> <p>techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to provide training to meet the mh/dd/sa needs of the clients affecting 3 of 3 audited staff (Qualified Professional (QP), House Manager (HM) and staff #1). The findings are:</p> <p>Review on 3-28-24 of client #2's record revealed: -Date of admission: 2-2-23. -Diagnoses: Autism Spectrum Disorder, Unspecified Schizophrenia, Bipolar Disorder, Type 1 Diabetes, Cluster B Personality Disorder.</p> <p>Review on 3-28-24 of the QP's record revealed: -Date of hire: 11-20-2012. -No documentation of diabetes training.</p> <p>Review on 3-28-24 of the HM's record revealed: -Date of hire: 12-9-21. -A 2 page printout titled "The Big Picture: Checking Your Blood Glucose." -"Went over with staff 6-13-22 (with the initials of [[executive Director/Qualified Professional]] (ED/QP)" and documented as "Reviewed by [HM]" was handwritten on the top of page 1</p> | V 108 | | |

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| V 108 | <p>Continued From page 5</p> <p>-"6-13-22 went over with Residential Staff (with the initials) [ED/QP] and documented as "Revived by [HM]" was handwritten on the bottom of page 2.</p> <p>-No documentation of diabetes training.</p> <p>Review on 3-28-24 of staff #1's record revealed: -Date of hire: 11-7-21. -No documentation of diabetes training.</p> <p>Interview on 3-28-24 with staff #1 revealed: -"Yes I got med (medication) training. Medication training on how to pour meds, how to document the meds. One of the clients (client #2) is diabetic so we had training on insulin. -"We have a monitor (to check glucose levels). We check his sugar 3 times a day." -"I received that (client specific training) from [QP] when I was first hired. [Executive Director] and [HM] went over some of it (client #2's diabetes protocol)."</p> <p>Interview on 3-28-24 with the HM revealed: -"We (staff) check his (client #2) blood sugar almost 6 times a day. He is in the community so we can't always check it (client #2's blood sugar level). -"All staff trained on how to administer the insulin. [Pharmacist] from the pharmacy we get our meds from came and trained us on how to administer the insulin." -"Yes, she read the printout, not sure where [ED/QP] got it from. "I think its something she (ED/QP) might have gotten off the internet."</p> <p>Interview on 3-28-24 with the Executive Director revealed: -All staff received diabetes training when they had medication administration training. -"They (staff) had all of that (diabetes training,</p> | V 108 | | |

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| V 108 | Continued From page 6 how to administer insulin, how to check blood sugar) when they did the med training from the pharmacist, [pharmacist] came out to the home and trained everybody (staff) on diabetes. -"[HM] was trained on diabetes and she (HM) trained all the other staff. Interview on 4-9-24 with the pharmacist who completed medication training for the facility revealed: -"Yes," he trained all the staff on medication administration. -"I basically went over different types of medications and how they affect different people, how to properly administer medications, how to document medications, basic med administration task. Yes, we talked about some different medical conditions. I briefly discussed diabetes, like what it is. No I did not train on insulin injections, No we didn't cover how to check blood sugars. I just basically went over what diabetes is, some signs of diabetes." | V 108 | | |
| 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 | V 118 | | |

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| V 118 | <p>Continued From page 7</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> <p>(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.</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, observation and interviews, the facility failed to ensure medications were administered on the written order of a physician, failed to ensure the MARs were kept current affecting 1 of 3 audited clients (client #2) and failed to ensure that 2 of 2 audited staff (Qualified Professional (QP) and Home Manager (HM) demonstrated competency. The findings are:</p> <p>Review on 3-28-24 of client #2's record revealed: -Date of admission: 2-2-23. -Diagnoses: Autism Spectrum Disorder, Unspecified Schizophrenia, Bipolar Disorder, Type 1 Diabetes, Cluster B Personality Disorder.</p> | V 118 | | |

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| V 118 | <p>Continued From page 8</p> <ul style="list-style-type: none"> -Physicians orders for the following: -2-2-23 for Semglee (blood sugar control) (insulin glargine vfgn) Insulin /glargine y-fgn U100V1 (inject 22 units subcutaneously daily). -7-13-23 for Accu Chek Guide Test Strips (use to check glucose levels) (use 4 times daily subcutaneously). -8-2-23 for Accu-Chek Softclix Lancets (use to check glucose with use of insulin 4 to 6 times daily). -11-2-23 for Humalog (diabetes) Kwik-Pen unit/ml (milliliter) solution Insulin Ispro pen injector (inject up to max dose of 30 units subcutaneously 3 times daily with meals). -Glucose up to 150 no insulin with meal. -Glucose 151 to 200=6 units of insulin with meal. -Glucose 201 to 300= units of insulin with meal. -Glucose 301 and above=14 units of insulin with meal. -2-28-24 for Easy touch Pen Needle (use to check glucose levels) 32 gx/16 (use 4 times daily). <p>Findings #1: Review on 3-28-24 of client #2's March 2024 MAR revealed: Humalog Kwik-Pen unit/ml (milliliter) solution Insulin Ispro pen injector omitted from the March 2024 MAR. -No documentation of administration of Kwik-Pen Insulin Ispro pen injector (inject up to max dose of 30 units subcutaneously 3 times daily with meals) from 3-1-24 to 3-28-24.</p> <p>Review on 3-28-24 and 4-2-24 of client #2's facility blood sugar log for March 1, 2024 to March 31, 2024 revealed blood sugar levels above 150 when insulin should have been administered for the following dates and times: -3-1-24 blood sugar = 287 at 11:28am.</p> | V 118 | | |

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| V 118 | <p>Continued From page 9</p> <ul style="list-style-type: none"> -3-1-24 blood sugar = 376 at 7:23pm. -3-2-24 blood sugar = 165 at 12:15pm. -3-3-24 blood sugar = 226 at 8:52am. -3-3-24 blood sugar = 326 at 7:40pm. -3-4-24 blood sugar = 278 at 8:08am. -3-4-24 blood sugar = 274 at 8:04pm. -3-5-24 blood sugar = 330 at 7:44am. -3-5-24 blood sugar = 160 at 7:22am. -3-6-24 blood sugar = 221 at 7:16am. -3-6-24 blood sugar = 181 at 11:49am. -3-6-24 blood sugar = 202 at 7:45pm. -3-7-24 blood sugar = 300 at 12:19pm. -3-9-24 blood sugar = 305 at 9am. -3-9-24 blood sugar = 516 at 8pm. -3-10-24 blood sugar = 289 at 12:55pm. -3-10-24 blood sugar = 271 at 7:40pm. -3-11-24 blood sugar = 251 at 6:50am. -3-11-24 blood sugar = 298 at 11:08am. -3-12-24 blood sugar = 225 at 7:31am. -3-12-24 blood sugar = 199 at 7:49pm. -3-13-24 blood sugar = 519 at 1:20pm. -3-13-24 blood sugar = 250 at 6:18pm. -3-14-24 blood sugar = 303 st 6:57am. -3-15-24 blood sugar = 255 at 11:38am. -3-16-24 blood sugar = 248 at 6:40am. -3-17-24 blood sugar = 178 at 9:22am. -3-17-24 blood sugar = 202 at 12:17pm. -3-18-24 blood sugar = 327 at 6:30am -3-20-24 blood sugar = 274 at 7:57am. -3-21-24 blood sugar = 209 at 12:20pm. -3-22-24 blood sugar = 199 at 8:08am. -3-23-24 blood sugar = 237 at 1:20pm. -3-23-24 blood sugar = 177 at 7:07pm. -3-24-24 blood sugar = 237 at 11:59am. -3-24-24 blood sugar = 245 at 7:45pm. -3-25-24 blood sugar = 457 at 11:55am. -3-26-24 blood sugar = 257 at 12:20pm. -3-27-24 blood sugar = 159 at 11:26am. <p>Interview on 3-28-24 with staff #1 revealed:</p> | V 118 | | |

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| V 118 | <p>Continued From page 10</p> <p>-"[Client #2] takes insulin and we give him his shots (insulin injections). He (client #2) gets them (insulin injections) everyday whenever his blood sugar is high."</p> <p>Interview on 3-28-24 with the Home Manager (HM) revealed: -Humalog should have been on the MAR. "I don't know how we missed that (Humalog not being on the March 2024 MAR). But he's (client #2) been getting his meds (medications) everyday." -" I check the meds in. When the meds come from the pharmacy at the end of the month, I check each one of the meds to make sure that all the meds have come in for each of the clients. I check the MARs to make sure that the MARs are filled out correctly. [QP] goes behind me and checks behind me so we make sure there are two of us that are checking the meds in."</p> <p>Interview on 4-19-24 with the QP revealed: -QP is responsible for ensuring monthly MARs are completed correctly. "I do monthly supervision, end of the month data, make sure the meds are filled out correctly (on the monthly MARs). At the top of the month (beginning of the month) [HM] goes over the meds to make sure all the meds are in (delivered to the facility from the pharmacy) and the MARs are correct. If there is a concern (with the meds or MARs), she (HM) will let me know and I will follow up with the pharmacy or the doctor to get the issue straight. Everybody (all staff) is responsible for daily med management (daily medication administration and documentation of medication administration). I will monitor documentation (of the MARs) to make sure we document what we need to document."</p> <p>Interview on 3-28-24 with the Executive Director</p> | V 118 | | |

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| V 118 | <p>Continued From page 11</p> <p>(ED) revealed: -"The pharmacy does our MARs every month. Not sure why the Humalog was not on the March (2024) MAR." -"I guess we (staff) are going to have to figure out a way to monitor the MARs better."</p> <p>Findings #2: -Review of client #2's MARs for January 1, 2024 to February 29, 2024 revealed Humalog documented as being administered daily at 8am, 12 noon and 8pm. -Client #2's noon dose of Humalog documented as administered even when client #2 was out of the facility during the dosing time. -No documentation of how much insulin was administered to client #2 at each dosing time.</p> <p>Review on 3-28-24 of client #2's facility's blood sugar log for January 1, 2024 to February 29, 2024 revealed blood sugar levels below 150 when Humalog should not have been administered. -No documentation of blood sugar checks for January 1, 2024 to January 18, 2024 (72 missed blood sugar checks). -The following blood sugar readings for January 19, 2024 to February 29, 2024: -10 blood sugar readings below 150 for January 2024: -1-21-24 blood sugar = 123 at 8:30am. -1-21-24 blood sugar = 59 at 7:30pm. -1-22-24 blood sugar = 98 at 7:37am. -1-23-24 blood sugar = 75 at 7:55am. -1-24-24 blood sugar = 55 at 7:30am. -1-25-24 blood sugar = 61 at 7:35am. -1-26-24 blood sugar = 64 at 7:40am. -1-27-24 blood sugar = 77 at 12:10pm. -1-28-24 blood sugar = 58 at 8:40am. -1-31-24 blood sugar = 52 (No time noted).</p> | V 118 | | |

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| V 118 | <p>Continued From page 12</p> <p>-No documentation of blood sugar checks for February 2, 2024 to February 9, 2024 (32 missed checks), or February 19, 2024 to February 26, 2024 (32 missed checks). -12 blood sugar readings below 150 for February 2024: -2-10-24 blood sugar = 95 at 12:22pm. -2-12-24 blood sugar = 90 at 7:34pm. -2-13-24 blood sugar = 57 at 12:08pm. -2-13-24 blood sugar = 89 at 2:15pm. -2-16-24 blood sugar = 79 at 7:44am. -2-18-24 blood sugar = 100 (no time noted). -2-27-24 blood sugar = 109 at 12:25pm. -2-28-24 blood sugar = 143 at 11:38am. -2-28-24 blood sugar =40 at 7:00pm.</p> <p>Interview on 3-28-24 with staff #1 revealed: -"[Client #2] takes insulin and we give him his shots (insulin injections). He (client #2) gets them (insulin injections) everyday whenever his blood sugar is high."</p> <p>Interview on 3-28-24 and 4-10-24 with the HM revealed: ."We (staff) were trained (by the ED) we couldn't have any blanks on the MAR. That's how she (ED) trained us, we've always done it that way." -The HM was not sure why the insulin amounts administered to client #2 were not documented on the MARs. -When client #2 comes home from the Day Program, HM checks the insulin he returns home with to see if client #2 administered his noon dose of Humalog while at the Day Program. -"Staff there (day program) does not report to us to tell us if he takes any meds (medications) there."-"No, we've never put that (insulin actually administered to client #2) on the MAR, the only thing we document is when we give the med. -"Honestly no (no documentation of noon insulin</p> | V 118 | | |

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| V 118 | <p>Continued From page 13</p> <p>administration when client #2 is at the Day Program), the only documentation I have is what's left in his box when he comes home. Staff there (Day Program) does not report to us to tell us if he takes any meds (medications) there."</p> <p>Interview on 4-9-24 and 4-17-24 with the ED revealed: -"Yes, I did tell them (staff) to not leave blanks in the MARs but I also told them the proper way was to put their initials (in the appropriate dosing time on the MAR), then put a circle around their initials then write on the back that the dose was given out of the facility or the reason why the med was not given."</p> <p>Findings #3: -The facility allowed client #2 to self administer his noon dose of Humalog while out of the facility without a physicians' order</p> <p>Interview on 3-28-24 with client #2 revealed: -Self administered his insulin everyday at the day program except when his blood sugar is below 150.</p> <p>Interview on 3-28-24, 4-2-24, 4-10-24 and 4-16-24 with the HM revealed: -"No he (client #2) was not trained on his meds, he already knew (how to check his blood sugar and take his insulin) when he came here (to the facility). He told us he had been doing it (self-administering his medication) for 40 something years." -"We don't have no orders to do anything (no self-administration orders). What you already saw is all that we have."</p> <p>Interview on 4-19-24 with the Qualified Professional (QP) revealed:</p> | V 118 | | |

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| V 118 | <p>Continued From page 14</p> <p>-Was aware client #1 did not have a self administration order to self administer his insulin. Was not aware that a self-administration order was needed. -"We are going to work on getting that order from his doctor."</p> <p>Interview on 4-10-24 and 4-17-24 with day program staff revealed: -The day program staff did not administer or monitor client #2's medication while he is at the day program. -Client #2 kept his medications with him while at the Day Program. "He (client #2) brings them (medications) in a lock box that he keeps with him. He (client #2) usually will go in the bathroom and do his meds (take his medications). Sometimes he will tell staff (Day Program staff) 'I had to give myself insulin.' But we don't monitor him or document anything with his medications."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if client #2 received his medications as ordered by the physician.</p> <p>Review on 4-24-24 of the facilities plan of protection dated 4-24-24 and signed by the ED revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? During the facility review it was noted some concerns pertaining to an individual that takes insulin a few times a day. The following will be implemented within a week (May 01, 2024) The house manager will review all MAR's while reviewing the doctor's orders to ensure all medications are documented as required. The Qualified Professional will be the second review</p> | V 118 | | |

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| V 118 | <p>Continued From page 15</p> <p>to ensure the accountability is in place (a sign off sheet will be put into). All staff will be re-trained on insulin administering and diabetes overall by our medication training person. The program manager will schedule a doctor's appointment so a review can be provided to verify self-administering for said member. All doctor's orders will be reviewed and modify as per the doctor so the order will not be conflicting . A plan of care meeting will be schedule with reference member day program to discuss his care while being in there program during the day to provide continuation of care. (Documentation signing off that insulin was taken at 12:00PM). The facility staff will verify when the member come home in the afternoon, than sign off than circle their initial and comment on the back that it was verified but not given in the group home. A policy will be provided to direct care staff in the group home to where the necessary action's that needs to be implemented if the blood sugars is high or if the blood sugars are low. This information will be provided by the doctor and medication educator. Describe your plans to make sure the above happens.</p> <p>The program administer will initiate all stated actions and follow-up accordingly. Qualified professional will follow-up monthly with the day program to ensure all is being implemented. The monitoring and review's in the home will be done daily. During monthly meeting and supervision with staff these concerns will be highlighted to remind staff of the special care that is needed for this said member."</p> <p>Client #2 has diagnoses including Autism Spectrum Disorder, Unspecified Schizophrenia, Bipolar Disorder, Type 1 Diabetes, Cluster B Personality Disorder. Client #2's Humalog was omitted from the March 2024 MAR. For the</p> | V 118 | | |

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| V 118 | <p>Continued From page 16</p> <p>period of March 1, 2024 to March 31, 2024 client #2's blood sugar level was 150 or above 39 times and would have required insulin to bring his blood sugar level below 150. Due to the omission of the Humalog from the March 2024 MAR it cannot be determined if client #2 received his insulin for March 1, 2024 to March 28, 2024. The facility allowed client #2 to self administer his noon Humalog while he was at his day program without a physicians' order to self-administer his medication. There was no communication between the facility staff and the day program staff to determine if client #2 actually took his insulin nor was there documentation of how much insulin client #2 administered while he was at the day program. Staff at the facility did not have training on diabetes and did not know what to do if client #2's blood sugar levels were too low or too high. The review period of January 1, 2024 to February 29, 2024 client #2's Humalog was documented as being administered daily however during the period of January 1, 2024 to February 29, 2024 there were at least 22 days where client #2's blood sugar reading was below 150 and would not have required insulin.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p> | V 118 | | |
| V 291 | <p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS (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</p> | V 291 | | |

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| V 291 | <p>Continued From page 17</p> <p>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: Based on record review and interviews the facility failed to ensure service coordination was maintained with other professionals responsible for treatment affecting 1 of 3 audited clients (client #2). The findings are:</p> <p>Review on 3-28-24 of client #2's record revealed: -Date of admission: 2-2-23. -Diagnoses: Autism Spectrum Disorder, Unspecified Schizophrenia, Bipolar Disorder, Type 1 Diabetes, Cluster B Personality Disorder.</p> | V 291 | | |

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| V 291 | <p>Continued From page 18</p> <ul style="list-style-type: none"> -Physicians orders for the following: -2-2-23 for Semglee (blood sugar control) (insulin glargine vfgn) Insulin /glargine y-fgn U100V1 (inject 22 units subcutaneously daily). -7-13-23 for Accu Chek Guide Test Strips (use to check glucose levels) (use 4 times daily subcutaneously). -8-2-23 for Accu-Chek Softclix Lancets (use to check glucose with use of insulin 4 to 6 times daily). -11-2-23 for Humalog (diabetes) Kwik-Pen unit/ml (milliliter) solution Insulin Ispro pen injector (inject up to max dose of 30 units subcutaneously 3 times daily with meals). -Glucose up to 150 no insulin with meal. -Glucose 151 to 200=6 units of insulin with meal. -Glucose 201 to 300= units of insulin with meal. -Glucose 301 and above=14 units of insulin with meal. -2-28-24 for Easy touch Pen Needle (use to check glucose levels) 32 gx/16 (use 4 times daily). <p>Interview on 3-28-24 with client #2 revealed: -"I ain't got to go to the diabetic doctor to get a proper scale given to me, I think it might be a problem (with getting the appointment). Might be something with the insurance. It might be a problem with the clinic."</p> <p>Interview on 3-28-24, 4-2-24, 4-10-24 and 4-16-24 with the House Manager (HM) revealed: -"On one of his appointments (does not remember the date of the appointment) the doctor said she was going to refer him (client #2) to a specialist (for his diabetes) but she never sent the referral." -"No, I didn't call them back (to let them know she never got the referral) I was going to ask them</p> | V 291 | | |

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| V 291 | <p>Continued From page 19</p> <p>about it on his next appointment (4-1-24)."</p> <p>-Did not discuss the referral to specialist at the 4-1-24 appointment. "No, she (doctor) did not say anything about the referral. No, I didn't ask her about the referral, I'll call back and ask them about the appointment (specialist).</p> <p>-Interview on 4-19-24 with the Qualified Professional revealed:</p> <p>-"[HM] is working on getting in contact with the doctor to follow up on the referral."</p> | V 291 | | |