

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-088</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/21/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE GWEN RASH MEMORIAL GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 PINE SPRING DRIVE ASHEVILLE, NC 28805</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on May 21, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licened for 6 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to hold fire and disaster drills at least quarterly for each shift. The findings are:</p> <p>Review on 5/20/24 and 5/21/24 of the facility's fire</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jim M. Woody, CEO</i>	TITLE <i>05-30-2024</i>	(X6) DATE
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STATE FORM 6899 WE4111 If continuation sheet 1 of 18

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V 114	Continued From page 2  -Quality Assurance would make sure fire and disaster drills had been completed.	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	<p>Continued From page 4 through 5/20/24.</p> <p>Observation on 5/20/21 at 10:15am of Client #2's medications revealed: - Naphcon-A eye drops, place 2 drops into each eye twice daily as needed for itching/watering. -Debrox was not observed to be present in the facility.</p> <p>Interview on 5/21/24 with Staff #1 revealed: -Would match the MAR to the medication label "...and make sure everything matches." -Would call nursing if the label and MAR did not match.</p> <p>Interview on 5/21/24 with the Nurse revealed: -There was a Licensed Practical Nurse (LPN) that worked with the medications in the facility. -Supervised the LPN. -"I should have overseen her (LPN) work." -The letter from the local eye physician was not a signed order. -There was not a discontinued order for the Debrox ear wax drops.</p> <p>Interview on 5/21/24 with the Director revealed: -Nursing was responsible for the MARs matching the orders. -Staff would call nursing if they had issues or concerns. -"We talk with nursing quite frequently." -Staff would let nursing know if refills of medications were needed. -"Match the med (medication) to the MAR... (Clients) don't get the med until the 3 checks are done."</p> <p>Interview on 5/21/24 with the Qualified Professional (QP) revealed: -The Director was the site manager for the facility.</p>	V 118		

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V 119	<p>Continued From page 6</p> <p>to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on interviews, record reviews, and observations, the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 1 of 3 clients (Client #1). The findings are:</p> <p>Review on 5/20/24 of Client #1's record revealed: -Date of admission: 7/24/98. -Diagnoses: Autism, Mild Intellectual Developmental Disability, Post Traumatic Stress Disorder. -Physician order included: -Debrox 6.5%, place 2 drops into each ear every night on the 1st-7th of each month for wax build up, dated 2/15/24. -Head and Shoulders shampoo, use as directed weekly on Mondays for dandruff, dated 2/15/24.</p> <p>Review on 5/20/24 and 5/21/24 of Client #1's MARs dated March 2024-May 2024 revealed: -Debrox 6.5% initialed as administered per physician order. -Head and Shoulders shampoo initialed as administered per physician order.</p> <p>Observation on 5/20/24 and 5/21/24 at 10:15am of Client #1's medications revealed: -Debrox 6.5% prescription label: date filled 6/10/22, date expired 6/10/23.</p>	V 119		

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V 119	Continued From page 8  medications were managed. -The Director would work with the Nurse if there were medication issues. -The Chief Executive Officer supervised the Director. -"I don't have a supervisory role at all."	V 119		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service	V 536		

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V 536	<p>Continued From page 10</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain</p>	V 536		
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V 536	<p>Continued From page 12</p> <p>Restrictive Training expired on 4/26/24.</p> <p>Interview on 5/21/24 with the Director revealed: -Was the trainer for NCI+ for the Licensee. -Was responsible, along with Human Resources (HR), to ensure trainings were up to date. -Would be notified by HR when trainings were due. -"We (HR and herself) knew [Staff #1] was expiring. We have been trying for 2 weeks to get her in a class."</p> <p>Interview on 5/21/24 with the Qualified Professional (QP) revealed: -The Director was the site manager for the facility. -The Director was responsible to ensure all trainings were completed and up to date. -The Chief Executive Officer supervised the Director. -"I don't have a supervisory role at all."</p>	V 536		
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V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or</p>	V 537		
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V 537	<p>Continued From page 14</p> <p>use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p>	V 537		



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V 537	<p>Continued From page 16</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure annual refresher training in seclusion, physical restraint and isolation time-out was completed for 1 of 3 audited staff (Staff #1). The findings are:</p> <p>Review on 5/20/24 of Staff #1's personnel records revealed: -Date of hire: 9/17/18. -Job title: Direct Service Professional. -National Crisis Interventions Plus (NCI+) Restrictive Training expired on 4/26/24.</p> <p>Interview on 5/21/24 with the Director revealed: -Was the trainer for NCI+ for the Licensee. -Was responsible, along with Human Resources (HR), to ensure trainings were up to date. -Would be notified by HR when trainings were due. -"We (HR and herself) knew [Staff #1] was expiring. We have been trying for 2 weeks to get her in a class."</p> <p>Interview on 5/21/24 with the Qualified Professional (QP) revealed: -The Director was the site manager for the facility. -The Director was responsible to ensure all trainings were completed and up to date.</p>	V 537		

## V 114      **Emergency Plans and Supplies**

### 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES

... (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.

*Review on 5/20/24 and 5/21/24 of the facility's fire and disaster drill logs revealed:*

*-No documentation of fire drills on third shift for third and fourth quarter 2023 (July-December).*

*-No documentation of fire drills on first shift for first quarter 2024 (January-March).*

*-No documentation of disaster drills on first and third shift for second quarter 2023 (April-June).*

*-No documentation of disaster drills on first, second and third shift for third quarter 2023 (July-September).*

*-No documentation of disaster drills on third shift for fourth quarter 2023 (October-December).*

*-No documentation of disaster drills on first and second shift for first quarter 2024 (January-March).*

**Corrective Action:** The Site Director and staff will ensure that all required quarterly fire and disaster drills are conducted on all shifts. An in-service outlining these requirements will be done with each member of staff. ***This will be accomplished by 5/31/24.***

**Identify Same Deficiency in Other Areas of Facility:** All homes under this license will adhere to the same policy.

**Preventative Actions:** The Site Director and staff will follow the posted fire and disaster drill schedule for each shift, to ensure that all required quarterly drills are conducted. Facilities staff to monitor each month and assist with drills, as needed.

**On-going Monitoring:** To be monitored via internal monthly inspections.

**Responsible Parties:** Site Director, Director of Facilities Services

**Mechanism to ensure compliance:** Monthly Facility Inspections

**Frequency of Mechanism:** Monthly

## V 118      **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.

(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

*This Rule is not met as evidenced by: Based on interviews, record reviews and observations, the facility failed to keep the MARs current for 1 of 3 audited clients (Client #2).*

**Corrective Action:** Immediate correction has been made by obtaining corrected order for Debrox ear drops, Naphcon-A eye drops from [REDACTED] FNP, order has been sent to pharmacy and new meds/labels received, and the MARs have been updated.

**Identify Same Deficiency in Other Areas of Facility:** All homes under this license will adhere to the same policy.

**Preventative Actions:** Nursing staff will conduct monthly checks on all medications including comparing orders, label instructions, MAR instructions and medication expiration dates. In addition, Nursing will request and verify receipt of all physician orders immediately after any appointment with a physician.

**On-going Monitoring:** To be monitored via internal monthly inspections.

**Responsible Parties:** Integrated Health RN, LPN

**Mechanism to ensure compliance:** Monthly nursing checks

**Frequency of Mechanism:** Monthly

## V 119 Medication Requirements

### 10A NCAC 27G .0209 MEDICATION REQUIREMENTS

(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.

(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.

(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.

(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.

*This Rule is not met as evidenced by: Based on interviews, record reviews, and observations, the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 1 of 3 clients (Client #1).*

**Corrective Action:** Immediate correction has been made by removing expired medication/treatments and disposing of properly. Replacement medication/treatments were re-ordered from the pharmacy and new meds/treatments have been received. The MAR has been checked for accuracy.

**Identify Same Deficiency in Other Areas of Facility:** All homes under this license will adhere to the same policy.

**Preventative Actions:** Nursing staff will conduct monthly checks on all medications including comparing orders, label instructions, MAR instructions and medication expiration dates.

**On-going Monitoring:** To be monitored via internal monthly inspections.

**Responsible Parties:** Integrated Health RN, LPN  
**Mechanism to ensure compliance:** Monthly nursing checks  
**Frequency of Mechanism:** Monthly

## **V 536 Client Rights - Training on Alternative to Restrictive Interventions:**

10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS

(e) Formal refresher training must be completed by each service provider periodically (minimum annually).

*This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure annual refresher training on alternatives to restrictive interventions was completed for 1 of 3 audited staff (Staff #1).*

**Corrective Action:** Staff #1 attended refresher training on alternatives to restrictive interventions (NCI+ Part A) on 05/29/2024.

**Identify Same Deficiency in Other Areas of Facility:** All homes under this license will adhere to the same policy.

**Preventative Actions:** Human Resources will maintain a comprehensive list of NCI+ Part A and B expiration dates. This list will be shared no less frequently than monthly with each Site Director and NCI+ Instructor. From this list, the Site Directors and NCI+ Instructors will arrange a training schedule. The schedule will make allowances for unforeseen circumstances by scheduling training at least 2 months prior to the current expiration date.

**On-going Monitoring:** To be monitored via internal monthly reports.

**Responsible Parties:** Human Resources, Site Director, NCI+ Instructor  
**Mechanism to ensure compliance:** Monthly report  
**Frequency of Mechanism:** Monthly

## **V 537 Client Rights - Training in Seclusion, Restrictions & Isolation Time-Out**

10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT, AND ISOLATION TIME-OUT

(e) Formal refresher training must be completed by each service provider periodically (minimum annually).

*This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure annual refresher training in seclusion, physical restraint and isolation time-out was completed for 1 of 3 audited staff (Staff #1).*

**Corrective Action:** Staff #1 attended refresher training in seclusion, physical restraint and isolation time-out (NCI+ Part B) on 05/29/2024.

**Identify Same Deficiency in Other Areas of Facility:** All homes under this license will adhere to the same policy.

**Preventative Actions:** Human Resources will maintain a comprehensive list of NCI+ Part A and B expiration dates. This list will be shared no less frequently than monthly with each Site Director and NCI+ Instructor. From this list, the Site Directors and NCI+ Instructors will develop a training schedule. The schedule will make allowances for unforeseen circumstances by scheduling training at least 2 months prior to the current expiration date.

**On-going Monitoring:** To be monitored via internal monthly reports.

**Responsible Parties:** HR, Site Directors, NCI+ Instructors

**Mechanism to ensure compliance:** Monthly Report

**Frequency of Mechanism:** Monthly