STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-917	A. BUILDING: _____ B. WING _____	R 05/22/2024

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LEARNING SERVICES CORPORATION-WILLO\	570 BUILDING FUTURES CIRCLE RALEIGH, NC 27610

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 5/22/24. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .2100 Specialized Community Residential Centers for Individuals with Developmental Disabilities. This facility is licensed for 12 and has a current census of 8. The survey sample consisted of audits of 3 current clients.	V 000		
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	V 118		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE
Mary Jo Norfolk 6/18/2024

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V 118	Continued From page 1 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		
	This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to administer medications on the written order of a physician for 2 of 3 audited clients (#1 and #2). The findings are: A. Review on 5/15/24 of client #1's record revealed: - admitted 9/26/22 - diagnosis: Traumatic Brain Injury (TBI) - review of physician's orders dated 5/15/24 revealed: - Duloxetine 60mg (milligram) twice a day (BID) (diabetic peripheral) - Fish oil 1000mg 2 BID (inflammation) - Furosemide 20mg bedtime (fluid retention) - Gabapentin 300mg 3 at 8am & 8pm, 2 at 12pm & 4pm (seizure) - Melatonin 3mg 2 bedtime (sleep) - Metformin 500mg BID (diabetes) - Methenamine 1 gram BID (ADHD) - Oxybutynin 5mg everyday (bladder) - Vitamin C 500mg BID - Vitamin D3 1000mg everyday Review on 5/15/24 of client #1's March 24, April 24 & May 24 revealed the following:		The Operations Manager implemented a protocol for Shift Coordinators to run a medication variance report in QuickMar on each shift to check for any missed medication documentation. Documentation will be completed before the end of the shift. The Operations Manager or nursing will also run a medication variance report weekly to check for any missed documentation. Residents will need to be able to take their medications from the pill pack independently in order to be self-medicating. If they are unable to do so, OT will explore adaptive options on an individualized basis. The Program Director, Operations Manager and/or Nursing will review when a resident begins the self-medication program and at least annually with all medication trained staff.	5/23/24 and ongoing 6/3/24

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V 118	Continued From page 2 - no documentation of medication administration for the entire month of March & April for the following: - Duloxetine - Fish oil - Furosemide - Metformin - Oxybutynin - Gabapentin: missing staff initials from 3/7/24 - 3/31/24 - no documentation of medication administration from 5/1/24 - 5/14/24 for the following medications - Duloxetine - Fish oil - Furosemide - Gabapentin - Melatonin - Metformin - Methenamine - Oxybutynin - Vitamin C - Vitamin D - bottom of the MAR were the following questions: - did client initiate medication pass? indicate yes or no - did client take all medications? indicate yes or no - staff initials were documented beside yes or no, however the medications were not listed B. Review on 5/15/24 of client #2's record revealed: - admitted 7/12/23 - diagnosis: Traumatic Brain Injury (TBI) - review of physician's orders dated 3/16/24 revealed: - Amantadine 100 milligrams (uncontrolled movements) twice daily	V 118		

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V 118	Continued From page 3	V 118		

- Atorvastatin 40mg (high cholesterol) nightly
- Levetiracetam 1000 mg (seizures) daily
- Melatonin 3 mg (sleep) at bedtime
- self administration orders for medication
- discontinue order for Amantadine 100 mg twice daily on 4/6/24
- physician's order on 4/6/24 for Amantadine 100 mg once daily
- discontinue order for Levetiracetam 1000 mg twice daily on 4/6/24
- physician's order on 4/6/24 for Levetiracetam 1250 mg twice daily at 8:00am and 8:00pm

Review on 5/15/24 of client #2's March 24, April 24, and May 24 MARs revealed the following:
- no documentation of medication administration for the entire month of March and April for:
  - Amantadine
  - Atorvastatin
  - Levetiracetam
  - Melatonin
- a 12pm dose of Levetiracetam added to MAR on 4/7/24 and 4/8/24 with no staff initials
- Amantadine 100mg twice daily had "D/C" written on April MAR dated 4/6/24
- Amantadine 100mg once daily added to April MAR 4/10/24
- no documentation of medication administration from 5/1/24-5/14/24 for the following:
  - Amantadine
  - Atorvastatin
  - Levetiracetam
  - Melatonin
- no staff initials documented beside yes or no from 4/10/24-4/16/24

During interview on 5/22/24 client #2 reported:
- "I pack medication with staff."

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V 118	Continued From page 4 - "You have days assigned where you pack medication." - "You go individually through your medication according to frequency and time of day." - "You pack in a little pill box and that gets locked up in the medication room." - "You go up when it's your time to get medicine." - "They give you the whole pill planner and monitor you as you do it." - "Half the time they put it in a cup. Half the time I pop them right out of the planner myself. But staff is there watching the whole thing." During interview on 5/15/24 nurse #1 reported: - began at the facility on 3/15/24 - client #2 does not have a 12pm dose of Levetiracetam - the addition of Levetiracetam to the April MAR on 4/7/24 and 4/8/24 was an error - client #2's Amantadine order changed on 4/6/24 from twice daily to once daily - was not sure why Amantadine once daily was not listed on April MAR until 4/10/24 - unsure if client #2 received Amantadine 4/7/24 - 4/9/24 - she had not reviewed MARs for medication errors since she began at the facility - she was responsible for the review of medication errors but was currently the only full time nurse During interview on 5/15/24 nurse #2 reported: - some clients "self-administer" their medications - self-administered meant - clients with staff assistance pre-packed their medications beginning of the week - they came to the medication room and requested their medication without prompt from	V 118		

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V 118	Continued From page 5 staff - staff would place the client's medication in a cup and client would take the medication - since the medications were prepacked early in the week, the MAR system does not notify staff to sign which left blank spaces on the MAR - staff will check yes or no on the MAR if client took all medications - "we may have to speak with administration about the self-administer process" This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		
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	V 536	The nurse was rescheduled to attend the CPI training on 6/25/24. New staff are scheduled for CPI training within 90 days of their start date. This is scheduled and monitored by the Operations Manager and Training Dept.	5/23/24 and ongoing

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V 536	Continued From page 6	V 536		

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 provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Staff shall demonstrate competence in the following core areas:
(1) knowledge and understanding of the people being served;
(2) recognizing and interpreting human behavior;
(3) recognizing the effect of internal and external stressors that may affect people with disabilities;
(4) strategies for building positive relationships with persons with disabilities;
(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;
(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;
(7) skills in assessing individual risk for escalating behavior;
(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and
(9) positive behavioral supports (providing means for people with disabilities to choose

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V 536	Continued From page 7	V 536		

activities which directly oppose or replace behaviors which are unsafe).
(h) Service providers shall maintain documentation of initial and refresher training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where they attended; and
(C) instructor's name;
(2) The Division of MH/DD/SAS may review/request this documentation at any time.
(i) Instructor Qualifications and Training Requirements:
(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.
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(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.
(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.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.

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V 536	Continued From page 8 (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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V 536	Continued From page 9 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure alternatives to restrictive intervention training was completed for 1 of 4 staff (nurse #1). The findings are: Review on 5/15/24 of the nurse #1's record revealed: - hire date of 3/3/24 - no evidence of Alternative's to Restrictrive Intervention training Interview on 5/15/24 nurse #1 reported: - she had not taken Alternative's to Restrictive Intervention training Interview on 5/15/24 the Operational Manager reported: - nurse #1 was scheduled for Crisis Prevention Training on 5/21/24	V 536		