Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER**: COMPLETED A. BUILDING: R MHL075-031 B WING 05/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 64 FOREST LANE **HUMMINGBIRD HOME TRYON, NC 28782** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on May 21, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 2 and has a current census of 1. The survey sample consisted of audits of 1 current client. Correction: QP or Programs 6/17/24 V 112 27G .0205 (C-D) V 112 Assistant will have the new Assessment/Treatment/Habilitation Plan signed plan in the EHR by June 10A NCAC 27G .0205 **ASSESSMENT AND** 17, 2024. TREATMENT/HABILITATION OR SERVICE Prevention: QP or PLAN Programs Assistant will upload (c) The plan shall be developed based on the assessment, and in partnership with the client or the plan to the EHR within one legally responsible person or both, within 30 days week of the signature date by of admission for clients who are expected to the guardian. receive services beyond 30 days. Monitoring (who and (d) The plan shall include: frequency): QP or Programs (1) client outcome(s) that are anticipated to be achieved by provision of the service and a Assistant will monitor the projected date of achievement; receipt and filing of the plan (2) strategies; annually. (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 RECEIVED (6) written consent or agreement by the client or responsible party, or a written statement by the JUN 2 1 2024 provider stating why such consent could not be obtained. **DHSR-MH Licensure Sect** Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE F

06/14/2024 If continuation sheet 1 of 9

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ R 05/21/2024 B WING MHL075-031 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **64 FOREST LANE HUMMINGBIRD HOME TRYON, NC 28782** PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 112 V 112 Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement a treatment/habilitation or service plan to include a schedule for review at least annually in consultation with the client or legally responsible party affecting 1 of 1 current client (Client#1). The findings are: Review on 5/21/24 of Client#1's record revealed: -Date of Admission: 6/30/19. -Diagnoses: Generalized Anxiety Disorder; Intellectual Disability, Moderate; Down Syndrome. -A treatment plan completed 1/21/23 with a target date of 12/31/23. -No current treatment/habilitation or service plan. Interview on 5/21/24 with the Qualified Professional (QP) revealed: -He was responsible for the development of client treatment/habilitation plans. -" ...Just need to get a new signature on [Client#1's] plan and [Alternative Family Living (AFL) Staff#1] is currently content with the goals and interventions and we are going to continue those as the same and I just need to get a new signature to make it current ..." V 118 V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	B WING		1	R <b>05/21/2024</b>		
NAME OF P				TATE, ZIP CODE	00/	21/2024
HUMMING	BIRD HOME	64 FORES TRYON, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
	REQUIREMENTS (c) Medication administ (1) Prescription or nor only be administered to order of a person authority. (2) Medications shall be clients only when authority physician. (3) Medications, include administered only by liunlicensed persons trapharmacist or other leprivileged to prepare at (4) A Medication Adminall drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, and (C) instructions for administered current. Medications for administered current include the (A) client's name; (B) name or initials of productions of the control of the con	stration: n-prescription drugs shall to a client on the written norized by law to prescribe  De self-administered by norized in writing by the  ding injections, shall be idensed persons, or by ained by a registered nurse, gally qualified person and and administer medications. Inistration Record (MAR) of to each client must be kept dministered shall be after administration. The following:  d quantity of the drug; ninistering the drug; drug is administering the  medication changes or ed and kept with the MAR pointment or consultation	V 118	V118 - Correction: The QP Programs Assistant will complete the next available Medication Administration training offered at IWC plan for July 10-12, 2024. A medication administration certified staff will review the MAR for the resident and compare it with the current physicians orders and upda the paper MAR as necessar based on the findings includ any necessary communicati with the AFL provider and th resident's physician. June 1 2024  Prevention: AFL Staff Programs Assistant or QP a AFL staff will monitor the MA monthly for updates and erro comparing the MAR with any new Physician's Orders.  Monitoring (who and frequency): The QP or Programs Assistant and AFL staff will monitor the MAR monthly for updates and errors.	te Ty ling on ne 7, f and nd AR ors	6/17/20 24
	This Rule is not met as Based on record reviev interviews, the facility fa kept current for 1 of 1 c	vs, observation and ailed to ensure MARs were				

PRINTED: 05/31/2024 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ B. WING 05/21/2024 MHL075-031 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 64 FOREST LANE **HUMMINGBIRD HOME TRYON, NC 28782** PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 3 The findings are: Review on 5/20/24 of Client#1's record revealed: -Date of Admission: 6/30/19 -Diagnoses: Generalized Anxiety Disorder; Intellectual Disability, Moderate; Down Syndrome. -Physician orders included: -Probiotic (supplement) 20 billion colony forming units (CFU's) 1 by mouth (PO) daily in the morning dated 3/7/17 -Nasonex (steroid) 50 micrograms (mcg) 2 sprays each nostril daily as needed (PRN) with no instructions for the reason to administer the medication dated 4/7/20. -Cetirizine HCL (antihistamine) 10 milligrams (mg) 1 PO at dinnertime daily dated 4/7/20. -Omeprazole (proton pump inhibitor) 20 mg 1 PO everyday PRN with no instructions for the reason to administer the medication dated 10/6/20 -Concerta (stimulant) 36 mg 1 PO daily in the morning dated 8/17/20. -Trazodone (mood stabilizer) 50 mg 1 PO daily in the evening dated 6/15/20. -Risperidone (anti-psychotic) 0.5 mg 1-2 PO PRN with no instructions for the reason to administer the medication dated 6/15/20. -Risperidone 0.25 mg 2-3 PO at HS dated 7/6/20. -Risperidone 1 mg PO in the morning dated 8/17/20 and 10/7/22. -Risperidone 0.5mg 1 PO at bedtime (HS) dated 10/7/22.

Division of Health Service Regulation

probiotic capsules

-No evidence of current physician orders.

Observation on 5/20/24 at approximately 12:00 pm of Client #1's medications revealed: -1 bottle of over the counter 25 billion CFU

-No evidence of 20 billion CFU probiotic capsules

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		BENTI JOAN ON NOWBER.	A. BUILDING:			
		MHL075-031	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		/21/2024
HUMMING	BIRD HOME	64 FORE	ST LANE			
	TOWNE TOWNE	TRYON,	NC 28782			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	as ordered by the phy-Trazodone 50 mg dispharmacy on 3/11/24 take 1/2-1 tablet PO a did not match the physical Review on 5/20/24 of 3/1/24-5/20/24 revealed Nasonex 50 mcg 2 spmorning PRN with no to administer the medical Cetirizine HCL 10 mgmorning documented a (instead of at dinnerting physician) on all MARS Omeprazole was not April 2024 MARs.  "Omeprazole was not April 2024 MARs.  "Omeprazole 20 mg to ***Special Instructions May 2024 MAR and crowere no instructions for reason to administer.  Risperidone 0.25 mg MAR with instructions for the morning.  Risperidone 0.5 mg Prinstructions for the morning.  Review on 5/21/24 of A (AFL) Staff #1's personon-Date of Hire: 7/12/19.  Refresher training in m 3/5/24.	sician.  pensed from a local with labeled instructions to t bedtime (pharmacy label sician's order or MAR).  Client #1's MARs dated ed: brays in each nostril in the instructions for the reason cation on any of the MARs.  1 PO once daily in the as administered at 6:30 am he as ordered by the s. listed on the March 2024 or lab (tablet) as needed PRN" was listed on the lossed out with an X. There or the medication amount or lives listed on the May 2024 to administer 2 PO daily in  O once daily PRN with no dication amount or reason of the MARs.  Alternative Family Living linel record revealed:  medication administration  The Programs Assistant's led:	V 118			

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER AND PLAN OF CORRECTION A. BUILDING: \_ R B. WING 05/21/2024 MHL075-031 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **64 FOREST LANE HUMMINGBIRD HOME TRYON, NC 28782** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 5 Review on 5/21/24 of the Qualified Professional's personnel record revealed: -Date of Hire: 7/17/23. -No evidence of training in medication administration. Interview on 5/20/24 with AFL Staff #1 revealed: -"If new medications are ordered, I would let [QP] know that there is a new medication. I would check it and count it and then write it in on the MARs. [Licensee] sends typed up MARs in bulk ... If there is a medication change, I will change it on the MAR for that month and notify [Licensee] and then they will send me new ones. At the end of the month, I take a picture of the MAR and email it to the [Licensee]." -Last on-site visit from Licensee was November 2023. -" When they (Licensee) used to come out to the home (AFL), they would scan it (client MAR) into their [electronic system]. Now I just take pictures of everything and send them." -She sent a copy of physician's orders for each client's medication to the licensee when she initially contracted with them. The Licensee never requested a copy of updated physician's orders. "They did that when I first started with the company (Licensee), and nothing has changed since then." -Client #1's "MAR is wrong for risperidone. The actual dose is 0.5 mg. She used to take 2 pills. [QP] sent me the wrong MARs and I didn't notice it, my bad. I have only been giving her 1 Risperdal at bedtime and he just sent me the wrong MARs

because it even had the old omeprazole on there

-"We just had the medication refresher (training) recently. Our trainings are in compliance."

and she hasn't taken that in years.'

7KT711

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
AND I DAN OF BONKEDHON	IDENTIFICATION NUMBER:	A. BUILDING:			
	MHL075-031 B. WING			R 05/21/2024	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
HUMMINGBIRD HOME	64 FORE	STLANE			
TOWN TOWN	TRYON,	NC 28782			
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE	
V 118 Continued From page	ge 6	V 118			
Interview on 5/21/24 revealed: -Duties included per with AFL providers to code." -Responsible for ens MARs and medication and are not expired. (medications) to che amount of pills are in correct meds on the and make sure that on there and companimedication" -He conducted an or April 2023 "but all off virtual."  Interview on 5/21/24 Professional (QP) reconducted an Hummingbird Home"I delegate the dutie collect the information Assistant] counts the MAR is filled out. If the brought to my attention looking that they are deviations on the papar consistency in demonstrationThere were no curres with the Licensee for -Planned to have AFL review for Client #1 a	forming "monthly check-ins" or "make sure everything is up suring "all paperwork and ons are up to date and match Open the box of meds ck and make sure the correct on there and that it's the list. I pull out a MAR sheet everything is in line to what is rethe MAR sheet to the mer months (visits) were with the Qualified vealed: If Home since July 2023. If on-site visit to the set of the store is an issue, then it is not I review the MARs, I'm filled out and that there a not over and that there is nestrating administration of the physician orders on file Client #1.  Staff#1 obtain a medication and update the MAR. physician writes the reason	V 118			

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 05/21/2024 MHL075-031 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 64 FOREST LANE **HUMMINGBIRD HOME** TRYON, NC 28782 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 118 V 118 Continued From page 7 medication orders. -Will verify accuracy of medication administration times Due to the failure to accurately document medication administration, it could not be determined if clients received their medication as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. V 138 6/17/2 V 138 27G .0404 (A-E) Operations During Licensed Correction: The ADA QP will Period 024 provide a copy of the license to the AFL for prominent display. **OPERATIONS** 10A NCAC 27G .0404 **DURING LICENSED PERIOD** Prevention: IWC will (a) An initial license shall be valid for a period not complete the annual license to exceed 15 months from the date on which the renewal by October 31st annually license is issued. Each license shall be renewed annually thereafter and shall expire at the end of and send a physical copy to the the calendar year. AFL for display prior to the end of (b) For all facilities providing periodic and the year. day/night services, the license shall be posted in Monitoring (who and a prominent location accessible to public view frequency): The QP at ADA will within the licensed premises. (c) For 24-hour facilities, the license shall be monitor this process each available for review upon request. October for completion. June 17, (d) For residential facilities, the DHSR complaint 2024 hotline number shall be posted in a public place in each facility. (e) A facility shall accept no more clients than the number for which it is licensed

7KT711

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2 51 6256	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL075-031	B. WING		R 05/21/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, ST.	ATE, ZIP CODE			
HUMMING	GBIRD HOME	64 FORE: TRYON, N	ST LANE NC 28782				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
	This Rule is not met a Based on observation licensee failed to post license in a prominent public view within the findings are:  Observation on 5/20/2 pm revealed: -The facility license po expired on 12/23/23.  Interview on 5/20/24 w (AFL) Staff #1 revealed: -The former Qualified I bring me the new licen when it was received fi since she left, I haven't literview on 5/21/24 w Began working for Irea (Licensee) in July 2023-His name replaced the Officer as the point of a cMy name is on the er gets funneled through it	as evidenced by: and interviews, the the annually renewed location accessible to licensed premises. The  4 at approximately 12:13 sted at the front door  with Alternative Family Living d: Professional (QP) used to se to the AFL "every year rom the state, but ever t received a new one."  with the QP revealed: the Wortham Center, Inc. the Wortham Center, Inc. the former Chief Operating contact for the licensee, " the main office" the ses were mailed to the "we stick them with	∨ 138				