| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | MHL011-331 | A. BUILDING: _____ B. WING _____ | 06/19/2024 |

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| V 000 | INITIAL COMMENTS<br><br>An annual survey was completed on 6/19/24. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.<br><br>The facility is licensed for 2 and has a current census of 2. The survey sample consisted of an audit of 2 current clients. | V 000 | | |
| V 112 | 27G .0205 (C-D)<br>Assessment/Treatment/Habilitation Plan<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(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.<br>(d) The plan shall include:<br>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;<br>(2) strategies;<br>(3) staff responsible;<br>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;<br>(5) basis for evaluation or assessment of outcome achievement; and<br>(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<br>JUL 05 2024<br>DHSR-MH Licensure Sect | |

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| V 112 | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to update the treatment plan with current strategies to address the needs of 1 of 2 audited clients (#2). The findings are:<br><br>Record review on 6/14/24 for Client #2 revealed:<br>-Date of admission: 5/20/17<br>-Diagnoses: Moderate IDD, Major depressive disorder, Generalized anxiety disorder, Other psychotic disorder, Idiopathic epilepsy, Sleep disorder, Hypertension, Cancer.<br>-Neither treatment plan, the MCO care plan dated 6/1/24 and signed 5/2/24 nor the provider plan dated 6/1/24 and signed 5/23/24, included Client #2's need for a hospital bed with rails following his surgery November 2023 for colon cancer.<br>-There was no doctor's order available to indicate the medical need for this type of bed including the side rails.<br><br>Review on 6/14/24 of incident reports on Client #2 revealed:<br>-6/1/24 - fell out of bed after manipulating bed rails. No injuries reported.<br>-6/9/24 - got his leg stuck in bed railing and was jerking it very hard. Taken to urgent care for xrays which showed fractured tibia. Doctor ordered splinting leg.<br><br>Interview on 6/17/24 and 6/19/24 with Staff #1 | V 112 | As per 27G 0205, DFS QP, Guardian, CM and the entire Care Team are investigating options for the bed and the railing. AFL has communicated with the PCP in order to discuss bed and railing alternatives and to secure a physician's order for the bed and railing and also to secure DFS HRC approval (Davidson Family Services). Currently, Client #2 is still using the bed he's been using until communication with the PCP and the physician's order can be secured. QP discussed with the AFL in regard to increasing setting eyes on the Member and also reviewed how to be safe and to remind him of safety while in bed and during all transitions. | 8/1/2024 |

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| V 112 | Continued From page 2<br>revealed:<br>-Client #2 went into the hospital in September 2023 with UTI (urinary tract infection) and doctors found blood clots in his lower lungs as well as cancer in his colon. She could not bring Client #2 home from the hospital without a hospital bed or oxygen. Client #2 went back into the hospital in November for scheduled colon surgery. Medications changed including the addition of warfarin which requires weekly blood test to determine clotting factor and dosage changes accordingly.<br>-"Client #2 had been non ambulatory for the past year and a half ...He doesn't sleep all night and still hears voices ...Needed the bed rails for behavioral and medical reasons."<br><br>Interview on 6/19/24 with the Qualified Professional revealed:<br>-" ...the greater fear is him [Client #2] falling out of bed without a rail ..." | V 112 | Also, as per 27G, 0205, DFS QP, QM and ED request DHSR to consider that Client #2 has progressed Dementia and Sundowners and so, jerking legs and hands as well as drastic varying of positions while in bed, will be common. So, the bed railing needs to remain for Member ongoing safety. | |
| V 118 | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(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.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(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. | V 118 | | |

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| V 118 | Continued From page 3<br>(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:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug.<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 2 of 2 audited clients (#1, #2).<br><br>Record review on 6/14/24 for Client #1 revealed:<br>-Date of admission: 2/5/11<br>-Diagnoses: Chromosomal abnormality, Osteoporosis, Scoliosis, Kyphosis, Gastroesophageal reflux disease, Autism spectrum disorder, Severe intellectual developmental disability, Panic disorder, Bipolar disorder, Vitamin D deficit, Degenerative eye disease, Seizure disorder.<br>-Physician ordered medications dated 1/3/24 included: | V 118 | | |

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| V 118 | Continued From page 4<br>-Vitamin D 25 mcg (micrograms) (deficiency)-2 tabs daily.<br><br>Review on 6/17/24 of MARs 4/1/24-6/14/24 for Client #1 revealed:<br>-Vitamin D was not documented as administered from 4/1-4/30/24.<br><br>Record review on 6/14/24 for Client #2 revealed:<br>-Date of admission: 5/20/17<br>-Diagnoses: Moderate IDD, Major depressive disorder, Generalized anxiety disorder, Other psychotic disorder, Idiopathic epilepsy, Sleep disorder, Hypertension, Cancer.<br>-Physician ordered medications included:<br>-Ferrous Sulfate 325mg (milligram)(iron deficiency) -1 tablet every other day ordered 11/10/23.<br>-Risperidone 1mg (psychosis) 1 tablet every morning ordered 3/8/24.<br>-Levetiracetam 500mg (seizures) 1 tablet twice daily ordered 2/6/24.<br>-Warfarin 5mg (blood clots) 1 tablet daily as directed by coumadin clinic ordered 2/7/24.<br><br>Review on 6/13/24 of MARs 4/1/24-6/14/24 for Client #2 revealed:<br>-Ferrous Sulfate was documented as administered daily 5/1-5/31/24.<br>-Risperidone am dose was documented as administered daily 6/1-6/13/24.<br>-Levetiracetam was documented as administered once daily 6/1-6/13/24.<br>-Warfarin was documented as administered ½ tablet on 4/3/24, 4/6/24, 4/8/24, 4/10/24, 4/17/24, 4/19/24, 4/24/24, 4/26/24, 5/1/24, 5/3/24, 5/8/24, 5/10/24, 5/15/24, 5/17/24, 5/22/24, 5/24/24.<br>-Warfarin was documented on the same line of the MAR for the ½ tablet as the full tablet despite the dosage administered being different. | V 118 | As per | |

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| V 118 | Continued From page 5<br>-Warfarin was also documented as administered an additional dose (twice daily) on 4/1-5/31/24.<br><br>Observation on 6/13/24 at approximately 11am of Client #2's medication revealed Risperidone 1mg AM dose was not included in dispill packs dispensed on 5/25/24; 1 bottle of Risperidone 1mg dispensed on 3/12/24 with label instructions to give 1 tablet every morning; 1 bottle of ferrous sulfate dispensed on 6/4/24 with label instructions to give 1 tablet every other day; 3 bottles of Warfarin 5mg dispensed 2/7/24, 3/14/24, 6/4/24 with label instructions to give 1 tablet daily as directed by coumadin clinic.<br><br>Interview on 6/14/24 with Client #1 was attempted but he did not respond to questions.<br><br>Interview on 6/13/24 with Client #2 revealed:<br>-He did not know what medications he was administered.<br><br>Interview on 6/17/24 with the dispensing pharmacy manager revealed:<br>-Risperidone 1mg bottle for AM was sent to facility 3/12/24. After that time, it was included in the dispill packs delivered monthly on 4/5/24 and 5/3/24. "I'm sure it (AM risperidone tablet) was in there (dispill packs) April and May."<br>-Dispill packs dated 5/25/24 were checked and packed and delivered on 6/4/24. "Try to overlap 7 days from previous month so they don't run out of meds."<br>-Technicians pack medication bottles and place in bins; print labels, then pack in dispill<br>-There should have been 2 bottles of risperidone 1mg in the bin to be packaged in dispill packs. One bottle may have been removed thinking it was a duplicate.<br>-Their pharmacist checks the dispill packs after | V 118 | As per 27G, 0209, QP is supervising the AFL going through additional Medication Admnistration training and also on June 27 2024 reviewed the procedures with the pharmacist and the significance of how labels are completed on the pill packets and what's included and the need to audit and inventory upon receipt of the dispill packs. These retrainings include(d) all aspects of Medication Administration such as, Medication Label auditing, Medication Reviews, Medication refills in a timely manner, then Medication Administration from the bottle to the Member according to correct dosage, day, time and medication name.<br><br>This will be the case for Client #1 and Client #2 Medication Administration procedures. | 8/1/2024 |

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| V 118 | Continued From page 6<br>they are packaged. "The mistake was just human error."<br><br>Interview on 6/13/24 with Staff #1 (alternative family living primary caregiver) revealed:<br>-"I'm sure [Client #1] received the Vitamin D because it is included in the dispill pack."<br>-Client #2's Levetiracetam was included in the dispill pack and was administered as ordered even though the MAR was not documented as administered in PM in June.<br>-Was out of town from 5/23-6/4/24 and began administering medications again on 6/10/24.<br>-Was not aware the am dose of risperidone was not included in this current dispill pack but thought it had been included in previous packs. They began using these current dispill packs of medication dated 5/25/24 on 6/10/24.<br>-Client #2 did not receive the am dose of risperidone 6/10-6/13/24.<br>-Client #2's warfarin dose would change based on what the clinic/pharmacy would order following the INR testing every couple weeks. There was a target range and they would adjust the dosage usually Wednesdays and Fridays to ½ tablet to try to hit the target. "I didn't think about writing it on a separate line for the different dose."<br>-"I'm sure [Client #2] only got 1 tablet a day (Warfarin). I don't know why it was marked at 8am in May. He only gets it at night; it's not given twice. It comes separately in a bottle. I messed that up."<br>-She and the Qualified Professional (QP) reviewed medications, MARs and orders monthly. "We checked everything last month and everything was ok."<br><br>Interview on 6/14/24 with Staff #2 revealed:<br>-He administered medications for both clients while Staff #1 was out of town. | V 118 | As per 27G, 0209, As DSHR is aware DFS QP followed up with the AFL and the DFS Medication Administration Trainer and audited the MAR for proper documentation of the Warfarin and the DFS Medication Admnistration Trainer agreed that the method of completing the MAR by the AFL was not clear. However, the revised version conceived by the DFS QP for the completion of of the MAR for Client #2 was according to clinical expectations. DFS AFL is following up with the PCP of Client #2 to achieve physician's permission for the revised medication dosage instruction. | 8/1/2024 |

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| V 118 | Continued From page 7<br>-He pulled the warfarin and risperidone from bottles to administer to Client #2 as directed on the bottles.<br><br>Interview on 6/14/24 with the QP revealed:<br>-Reviewed MARs, orders and medications with Staff #1 quarterly. The last review was 4/22/24.<br><br>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 539 | 27F .0102 Client Rights - Living Environment<br><br>10A NCAC 27F .0102 LIVING ENVIRONMENT<br>(a) Each client shall be provided:<br>(1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and<br>(2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.<br>(b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.<br><br>This Rule is not met as evidenced by:<br>Based on record review, interviews and observation, the facility failed to provide | V 539 | | |

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| V 539 | Continued From page 8<br><br>accessible areas for personal privacy affecting 1 of 2 audited clients (#1). The findings are:<br><br>Record review on 6/14/24 for Client #1 revealed:<br>-Date of admission: 2/5/11<br>-Diagnoses: Chromosomal abnormality, Osteoporosis, Scoliosis, Kyphosis, Gastroesophageal reflux disease, Autism spectrum disorder, Severe intellectual developmental disability, Panic disorder, Bipolar disorder, Vitamin D deficit, Degenerative eye disease, Seizure disorder.<br><br>Observation on 1/8/24 at approximately 11am of Client #1's bedroom revealed a camera mounted in the corner of the room near the ceiling and was pointing across the room at Client #1's bed.<br><br>Interview on 6/14/24 with Client #1 was attempted but he did not respond to questions.<br><br>Interview on 6/17/24 with Staff #1 revealed:<br>-The camera had been in Client #1's bedroom since 2016 and no one ever had an issue with it.<br>-Client #1 could not independently get out of his bed (safe sleeper bed).<br>-Could only see the top of his head when he was in the bed.<br>-If Client #1 were to have a seizure, Staff #1 could hear him.<br>-She understood the need for privacy. | V 539 | As per 27F, 0102, As of June 17, 2024 the visual camera was removed. DFS AFL, DFS QP and the Member's Guardian agreed that this was the best action plan, currently. DFS AFL is researching audio only systems for the Member to ensure having the most current system and to help supervise safety and health for the Member in regard to seizures while in bed during the night. DFS AFL will increase supervision of night time routine and transitions and all transitions for both Client #1 and Client #2 with regular communication with the DFS QP and the Member's Guardian to ensure a high quality and consistent level of health and safety. | 8/1/2024 |