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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2024
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NAME OF PROVIDER OR SUPPLIER WILSON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 428 LOST CORNER ROAD MORGANTON, NC 28655
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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 6/10/24. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. 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 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		

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JUL 05 2024

DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kelly Ersever QPMA
6/25/24

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V 118	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: 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).</p> <p>Record review on 6/5/24 for Client #1 revealed: -Date of admission: 3/29/12 -Diagnoses: Severe intellectual developmental disability (IDD), Seizure disorder, Autism Spectrum Disorder, Intermittent explosive disorder, Oppositional defiant disorder, Unspecified mood disorder, Hypothyroidism. -Physician ordered medications dated 12/18/23 included: -Alprazolam 1mg (milligram) (anxiety/agitation) 3 tablets daily PRN (as needed).</p> <p>Review on 6/5/24 of MARs 3/1/24-6/4/24 for Client #1 revealed: -Alprazolam was documented as administered 3 times daily on 3/1-3/24, 3/5/24, 3/6/24, 3/8-3/10/24, 3/12-3/15/24; 2 times daily on 3/4/24, 3/7/24, 3/11/24, 3/16-3/19/24, 3/21-3/28/24, 3/30-4/24/24, 4/26-5/7/24, 5/9-5/20/24, 5/22-5/26/24, 5/28-5/30/24, 6/1-6/3/24; and once</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>daily on 3/20/24, 3/29/24, 5/8/24. (191 doses) -There was no documentation on the back of the MAR to indicate the reason given or the effect of the medication for any of the above administrations.</p> <p>Record review on 6/5/24 for Client #2 revealed: -Date of admission: 3/27/12 -Diagnoses: Moderate IDD, Impulse control disorder, Anxiety disorder, Major depressive disorder, Diabetes mellitus type II. -Physician ordered medications dated 12/18/23 included: -Hydroxyzine 25mg (itching) -1 tablet daily PRN for itching. -Triamcinolone 0.1% cream (skin infections) - apply to affected area twice daily PRN. Additionally, ordered on 5/13/24 to treat blepharitis: -Ocusoft lid hygiene pads - as directed. -Max ung (unguentum, meaning ointment) - at bedtime for 1 month. -OTC (over the counter) anti-allergy drops - as directed.</p> <p>Review on 6/5/24 of MARs 3/1/24-6/4/24 for Client #2 revealed: -Hydroxyzine was documented as administered daily on 3/1-6/3/24. (94 doses) -Triamcinolone was documented as administered twice daily on 3/1-3/15/24, 3/17-3/31/24, 4/2-4/4/24, 4/7-4/8/24, 4/11-4/13/24, 4/16-4/17/24, 4/19/24, 4/21/24, 4/24/24, 4/27-4/29/24, 5/1-5/17/24, 5/22-5/26/24, 5/29-5/30/24 and once daily on 3/16/24, 4/1/24, 4/5-4/6/24, 4/18/24, 4/20/24, 4/25/24, 5/18-5/19/24, 6/4/24. (149 doses) -There was no documentation on the back of the MAR to indicate the reason given or the effect of the medication for any of the above</p>	V 118	<p>Both providers will attend individual medication management training. Registered Nurse will emphasize documentation, proper use and documentation of PRN medications. OTC drugs given will be emphasized about need of prescriptions OR Standing Orders and Reason/Result documentation.</p>	7/11/24

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V 118	<p>Continued From page 3</p> <p>administrations.</p> <ul style="list-style-type: none"> -Ocusoft was not written on the MAR nor documented as administered. -Neo/poly/dex eye ointment (for max ung) was documented as administered 5/16-5/30/24. (15 doses) -No OTC anti-allergy eye drops were added to the MAR nor documented as administered. <p>Review on 6/5/24 of the Licensee's Alternative Family Living Provider Agreement revealed: -"Provider (as independent contractor) Responsibilities: ...</p> <ul style="list-style-type: none"> -Review new MARs and Physicians Orders with the previous months and making any necessary changes when received from Pharmacy, contact your QP (qualified professional) if issues/corrections/changes are needed or for assistance with documenting changes on the new MAR ... -Sign off on PRN's, document results on back of MAR (per each occasion) ..." <p>Review on 6/10/24 of the Licensee's policy and procedure for Medication/Treatment Administration Records revealed: -"...When the medication is a prn medication, the staff must:</p> <ul style="list-style-type: none"> -Notify RN (registered nurse) and receive approval. -Document the medication was given including the date and time on the front of the MAR sheet. -Document the date and time, the medication/dosage given, route, reason and result on the back of the MAR sheet ..." <p>Interview on 6/4/24 with Client #1 was attempted but she did not respond directly to questions.</p>	V 118	<p>During RN led Medication Management class, both providers will be re-instructed on what needs to happen when a new ^{KE} prescription is given or medication changes in anyway.</p> <p>QPs will be instructed, region wide, to review with each AFL provider the need and the reason for informing QPs of any medication changes.</p>	<p>7/12/24 7/19/24 8/31/24 KE</p>

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V 118	<p>Continued From page 4</p> <p>Interview on 6/4/24 with Client #2 revealed: -She did not know what medications were administered.</p> <p>Interview on 6/6/24 with the Ophthalmologist's ophthalmic assistant revealed: -Client #2 was seen on 5/13/24 with irritation on upper and lower lids. "The doctor prescribed wipes and ointment to use for 1 month. [Client #2] also had irritation on her actual eyes; burning and itching reported. Doctor prescribed OTC product such as Just Tears or Pataday and intended for client to receive eye drops daily or twice daily depending on the product purchased."</p> <p>Interview on 6/4/24 and 6/6/24 with Staff #1 (alternative family living primary caregiver) revealed: -"I have copied MARs myself for years." -"We've never used the back of the MAR for PRNs; only OTCs. That would just be duplicate information (documentation on the front and back of the MAR)." -"[Client #2]'s eye doctor wrote on a sticky note, the OTC drops I could get to use PRN. I took a picture of it." -"She told me verbally to use eye drops as needed." -Zaditor was the only one the pharmacy had but he had not used it. -He used the wipes daily but did not write it on the MAR. -"The medical consult form had 15-30 days for the (eye) ointment. It (the rash) was clear after 15 days so I stopped." -He had some orders at the facility but typically sent all medical forms, orders and MARs to the office with all monthly paperwork.</p> <p>Interview on 6/5/24 with the Program</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Manager/QP (PM/QP) revealed: -Had returned from medical leave March 2024 about the same time the facility's QP left. -Other PMs and QPs were filling in to review documentation. -"There was no medical consult form from the eye doctor for Client #2, only the vision examination form." -"[The AFL provider] should have known he needed to keep a copy of orders with his MARs."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 118	<p>Registered Nurse will be visiting home monthly for at least the next 3 months to assure proper administration and documentation of all medications. This will begin by 7/12/24. Her assessment at the 3 month period will determine need to extend visits if necessary.</p>	7/12/24
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (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</p>	V 119		

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V 119	<p>Continued From page 6</p> <p>Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 1 of 2 audited clients (#2). The findings are:</p> <p>Record review on 6/5/24 for Client #2 revealed: -Date of admission: 3/27/12 -Diagnoses: Moderate intellectual developmental disability, Impulse control disorder, Anxiety disorder, Major depressive disorder, Diabetes mellitus type II. -Physician ordered medications dated 12/18/23 included: -Triamcinolone 0.1% cream (skin infections) - apply to affected area twice daily PRN (as needed). -Aleve 220mg (pain/fever) - 1 tablet every 6 hours PRN.</p> <p>Review on 6/5/24 of MARs 3/1/24-6/4/24 for Client #2 revealed: -Triamcinolone was documented as administered twice daily on 3/1-3/15/24, 3/17-</p>	V 119	<p><i>During their private Medication Management course, RN will review checking of Rx labels for expiration dates, as well as,</i></p> <ol style="list-style-type: none"> <i>1. Disposal of expired medications</i> <i>2. Documentation of disposal.</i> <p><i>Furthermore, during her monthly visits, nurse will review meds for expiration dates.</i></p>	7/12/24

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V 119	<p>Continued From page 7</p> <p>3/31/24, 4/2-4/4/24, 4/7-4/8/24, 4/11-4/13/24, 4/16-4/17/24, 4/19/24, 4/21/24, 4/24/24, 4/27-4/29/24, 5/1-5/17/24, 5/22-5/26/24, 5/29-5/30/24 and once daily on 3/16/24, 4/1/24, 4/5-4/6/24, 4/18/24, 4/20/24, 4/25/24, 5/18-5/19/24, 6/4/24. (149 doses)</p> <p>-Aleve was documented as administered once on 4/20/24 for a headache.</p> <p>Observation on 6/4/24 of medications for Client #2 revealed 1 tube of Triamcinolone dispensed on 7/11/22 with a manufacturer's expiration date of 2/2024 and 1 pharmacy prepared bottle of Aleve 220mg dispensed on 2/18/22 expiring on 2/18/23.</p> <p>Interview on 6/6/24 with the facility's current dispensing pharmacist revealed: -Triamcinolone order was transferred from a previous pharmacy 11/29/22 and had never been filled there. -"The manufacturers cannot guarantee shelf life after the expiration date. As long as the Triamcinolone was stored properly (in the house away from heat) the medication would lose potency but would not be harmful."</p> <p>Interview on 6/6/24 with Staff #1 (alternative family living primary caregiver) revealed: -Client #2 did not use the Triamcinolone every day. -"I guess we misplaced that (current) cream." -Was not aware the medications had expired.</p>	V 119	<p><i>QPs region wide will review disposal policy with all AFL providers. They will specifically ask to review all OTCs for expiration dates.</i></p>	8/30/24
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</p>	V 291		

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V 291	<p>Continued From page 8</p> <p>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 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 reviews and interviews the facility failed to coordinate medical services with other professionals responsible for client's treatment for 2 of 2 audited clients (#1, #2). The findings are:</p> <p>Record review on 6/5/24 for Client #1 revealed: -Date of admission: 3/29/12</p>	V 291	<p>Again, Medication Management call will focus on obtaining documentation from medical visits, as</p>	7/12/24

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V 291	<p>Continued From page 9</p> <p>-Diagnoses: Severe intellectual developmental disability (IDD), Seizure disorder, Autism Spectrum Disorder, Intermittent explosive disorder, Anxiety disorder, Oppositional defiant disorder, Unspecified mood disorder, Hypothyroidism, Hyperlipidemia, Traumatic brain injury (age 18 months).</p> <p>Record review on 6/5/24 for Client #2 revealed: -Date of admission: 3/27/12 -Diagnoses: Moderate IDD, Impulse control disorder, Anxiety disorder, Major depressive disorder, Diabetes mellitus type II, Vitamin D deficiency, Allergic Rhinitis, Dyslipidemia, Osteoarthritis.</p> <p>Review on 6/6/24 of Client #1's appointment summary from local medical clinic dated 12/18/23 revealed: -"RTC (return to clinic) in 3 months and PRN (as needed)." -"Labs: CBC (complete blood count), CMP (comprehensive metabolic panel), VPA (valproic acid), TSH (thyroid stimulating hormone), FT4 (free thyroxine levels), A1C (glycosylated hemoglobin test specifically for average blood sugar level), Lipids (cholesterol) before next appointment."</p> <p>Review on 6/6/24 of Client #2's appointment summary from local medical clinic seen on 12/18/23 revealed: -"Labs: CBC, CMP, A1C, Lipids, Vitamin D, VPA." -"RTC in 4 months and prn." -"Get PAP (cervical cancer screening)/Mammo (mammogram) at GYN (gynecologist)."</p> <p>Review on 6/5/24 of the Licensee's Alternative Family Living Provider Agreement revealed: -"Complete labs as ordered by physician or as</p>	V 291	<p>well as ^{KE} prescribing professional's signature on all medication orders and maintaining in the home's medical record, as well as submitting a copy to their GP.</p> <p>GPs will be instructed 7/17/24 to collect and maintain a copy of all paperwork and monitor to assure all appointments are attended, labs completed as prescribed by agency policy or as prescribed by medical professional. This will be region wide</p>	

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V 291	<p>Continued From page 10</p> <p>requested...</p> <p>-Complete annual visits and follow up requirements (get clarification from doctor if not sure) ..."</p> <p>Interview on 6/6/24 with the prescribing nurse practitioner's (NP) assistant/office manager revealed:</p> <p>-Client #1 and Client #2 always had appointments scheduled at the same time. They had appointments scheduled for 3/25/24. "They were no call/no show. They have missed a lot of appointments; this was the 3rd missed appointment this year; 4/11/23, 5/9/23 and 3/25/24."</p> <p>-The NP had a death in his family mother's day weekend (May 2024).</p> <p>-Staff #1 called this morning to schedule client appointments for 8/19/24.</p> <p>-There were no labs completed for the last appointment on 12/18/23.</p> <p>-The last labs were completed 8/14/23. Lab work was conducted in their office and did not require an appointment. "[NP] usually ordered labs every 3-4 months."</p> <p>Interview on 6/6/24 with Staff #1 (alternative family living primary caregiver) revealed:</p> <p>-"[Client #1] has seizures and takes what would be a lethal amount of Depakote to you or me but not for her. She gets Depakote levels quarterly."</p> <p>-"Doctor tests [Client #2]'s A1C quarterly. Had appointments (for both clients) in March that the office cancelled because the provider had a death in the family. The appointments were rescheduled for 8/19/24."</p> <p>Interview on 6/6/24 with the Program Manager/Qualified Professional revealed:</p> <p>-[The AFL provider] was responsible for following</p>	V 291	<p><i>Lab work to be completed and documentation/results in to office by 8/1/24</i></p>	8/1/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 06/10/2024
NAME OF PROVIDER OR SUPPLIER WILSON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 428 LOST CORNER ROAD MORGANTON, NC 28655		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	Continued From page 11 through with doctor's visits and lab work as ordered or requested.	V 291		