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PITTMAN HOME	267 MOODYTOWN ROAD MARION, NC 28752

(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 000	INITIAL COMMENTS An annual survey was completed on June 14, 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 3 and has a current census of 3. 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 drug.	V 118		

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V 118	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep MARs current affecting 2 of 3 clients (Client #1 and #2) and failed to ensure medications were self-administered by clients only when authorized in writing by a physician affecting 1 of 3 clients (Client #3). The findings are: Review on 6/3/24 and 6/10/24 of Client #1's record revealed: -Date of Admission: 1/26/23. -Diagnoses: Mild Intellectual Disabilities; Chronic Pain Syndrome; Cerebral Palsy; Mild Intermittent Asthma; Overflow Incontinence; Post Traumatic Stress Disorder; Transsexualism; Major Depressive Disorder without Psychotic Features; Dysphagia. -Physician's orders included: 12/17/23: -Vitamin D 1.25 microgram (mcg) 1 tablet by mouth (PO) once per week (nutrient). 1/5/24: -Oxybutynin chloride extended release (ER) 5 milligrams (mg) 1 tablet PO daily (overactive bladder). -Prazosin hydrochloride (HCL) 2 mg 2 tablets PO at bedtime (HS) (migraines). -Spironolactone 100 mg 1 tablet PO twice	V 118		

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daily (BID) (fluid retention).
-Oxcarbazepine 150 mg 1 tablet PO in the morning and 2 tablets PO at HS (anticonvulsant).
1/8/24:
-Estradiol 2 mg 1 tablet PO BID (hormone replacement).
-Propranolol HCL 60 mg 1 tablet PO three times daily (TID) (antihypertensive).
2/19/24:
-Hydroxyzine HCL 50 mg 1 tablet PO at HS as needed (PRN) for sleep. If ineffective increase to 2 tablets PO at HS.
4/29/24:
-Belsomra 15 mg 1 tablet PO 30 minutes before HS (sedative).
4/30/24:
-Morphine 24-hour continuous infusion pump 0.5328 mg/day (0.0222 mg/hour) (narcotic).
-Baclofen 24-hour continuous infusion pump 53.28 mcg/day (2.22 mcg/hour) (muscle relaxant).

Review on 6/3/24 at 10:05 am and 6/10/24 of Client #1's MARs dated 2/1/24-6/3/24 revealed:
-Vitamin D was initialed as being administered on 6/1/24 and 6/2/24 (instead of once per week).
-Oxybutynin chloride ER was not documented as administered on 3/1/24-3/31/24, or 6/1/24-6/3/24 and was documented as administered BID instead of daily on 5/1/24-5/31/24.
-Prazosin HCL 8:00 pm dose was already documented as administered on 6/3/24 when reviewed at 10:05 am.
-Spironolactone was not documented as administered at 8:00 am on 6/1/24-6/3/24, or at 8:00 pm on 6/1/24, or 6/2/24.
-Oxcarbazepine was not documented as administered in the morning (8:00 am) on 5/1/24-5/31/24 and was not listed on the April

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V 118	Continued From page 3 2024 MAR. No documentation of oxcarbazepine being administered (8:00am or 8:00 pm) on 4/1/24-4/30/24. -Estradiol and Propranolol were not listed on the April 2024 MAR. No documentation of estradiol, or Propranolol being administered on 4/1/24-4/30/24. -Belsomra was listed as PRN instead of scheduled on the June 2024 MAR and was not documented as administered on 6/1/24, or 6/2/24. -Hydroxyzine was not listed on the April 2024 MAR and was initialed as administered on 6/1/24 and 6/2/24 with no documentation of the quantity of tablets administered. -Neither Morphine nor Baclofen were listed on any of the MARs. Review on 6/3/24 and 6/10/24 of Client #2's record revealed: -Date of Admission: 10/1/20. -Diagnoses: Severe Intellectual Disabilities; Bipolar Disorder, Current Episode, Manic without Psychotic Features; Intermittent Explosive Disorder; Cerebral Palsy; Acne; Nonrheumatic Mitral Valve Prolapse; Allergic Rhinitis; Unspecified Dementia without Behavioral Disturbance; Unspecified Abnormalities of Gait and Mobility. -Physician's orders included: 2/21/23: -Topiramate 100 mg 1 tablet PO at HS (anticonvulsant). 2/22/23: -Simvastatin 20 mg 1 tablet PO at HS (high cholesterol). -Metoprolol 100 mg 1 tablet PO BID (antihypertensive). -Vascepa 1 gram (gm) 2 tablets PO BID (cardiovascular disease).	V 118		

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V 118	Continued From page 4 9/7/23: -Ciclopirox 8% solution apply topically to affected area once daily. On the 7th day wipe off with alcohol and repeat (fungal infections). 11/16/23: -Buspirone HCL 15 mg 2 tablets PO BID (anxiety). -Diphenhydramine HCL 25 mg 1 tablet PO in the morning and 2 tablets PO at HS (antihistamine). -Chlorpromazine HCL 100 mg 1 tablet PO BID (antipsychotic). 4/5/24: -Trazodone 150 mg 1 tablet PO at HS with 50 mg tablet (200 mg dose) (antidepressant). -Trazodone 50 mg 1 tablet PO at HS with 150 mg tablet (200 mg dose). 4/26/24: -Olanzapine 10 mg 1 tablet PO BID (antipsychotic). 5/24/24: -Chlorpromazine HCL 100 mg 1.5 tablets PO in the morning, 1 tablet PO at noon, and 1 tablet PO in the evening for 3 days, then 1.5 tablets PO in the morning, 1.5 tablets PO at noon, and 1 tablet PO in the evening. Review on 6/3/24 at 9:50 am and 6/10/24 of Client #2's MARs dated 2/1/24-6/3/24 revealed: -Simvastatin was not documented as administered on 6/1/24, or 6/2/24. -Topiramate was not documented as administered on 6/1/24, or 6/2/24, and was listed twice on the May 2024 MAR and documented as being administered twice at 8:00 pm each day on 5/1/24-5/31/24. -Trazodone 150 mg was not documented as administered on 6/1/24, or 6/2/24. -Trazodone 50 mg was not listed on the May 2024 MAR and was not documented as	V 118		

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administered on 5/1/24-6/2/24.
-Olanzapine and Metoprolol were not documented as administered at 8:00 am on 6/1/24-6/3/24, or at 8:00 pm on 6/1/24-6/2/24.
-Vascepa, Buspirone HCL, Chlorpromazine HCL, and Diphenhydramine HCL were not documented as administered at 8:00 am 6/3/24.
-Chlorpromazine HCL was not documented as administered at 8:00 am on 4/27/24-5/6/24, or at 8:00 pm on 4/26/24-5/6/24.
-Ciclopirox 8% solution daily (8:00 pm) was already documented as administered on 6/3/24 when reviewed at 9:50 am. There was no documentation on any of the MARs of Ciclopirox 8% solution being removed with alcohol every 7 days.

Review on 6/3/24 and 6/10/24 of Client #3's record revealed:
-Date of Admission: 4/1/20.
-Diagnoses: Mild Intellectual Disabilities; Congenital Malformation Syndrome, Predominantly Associated with Short Stature; Type II Diabetes Mellitus; Obstructive Sleep Apnea; Prader Willi Syndrome; Hypertension; Hyperlipidemia; Hypogonadism, Male; Osteoporosis; Autism.
-Health Risk Assessment dated 10/1/22 " ...Taking medications Unable To Do ..."
-No current assessment or physician's order to self-administer medications.
-Physician's orders included:
1/17/24:
-Testosterone Cypionate 200 mg/milliliter (ml) inject 1/2 ml (100 mg dose) into muscle (IM) every 2 weeks (hormone replacement).
2/21/24:
-Ozempic 0.5 mg/dose (2 ml) inject 0.5 mg subcutaneously (SQ) once per week (diabetes).

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V 118	Continued From page 6 Review on 6/3/24 and 6/10/24 of Client #3's MARs dated 2/1/24-6/3/24 revealed: -Testosterone Cypionate was documented as administered on 2/26/24 and 3/4/24 (instead of 2 weeks apart). -Ozempic was documented as administered on 6/1/24, 6/2/24 and 6/3/24 (instead of once per week). Review on 6/13/24 of the Ozempic Injection for Subcutaneous Use Medication Guide revealed: -"Supplies you will need to give your Ozempic injection ...1 alcohol swab ..." -Step #4 "Choose your injection site and wipe the skin with an alcohol swab. Let the injection site dry before you inject your dose." Review on 6/13/24 of The Complete Guide to Self-Administered Testosterone Injection Therapy revealed: -" ...Injections require sterile technique to prevent infection ...Clean the injection site with an alcohol wipe before injecting and let the area dry ...without proper sterile technique injections carry an infection risk..." Interview on 6/3/24 with Client #1 revealed: -All her medications were administered by Alternative Family Living (AFL) Provider #1. Interview on 6/3/24 with Client #2 revealed: -Unable to provide information regarding the administration of medications. Interview on 6/3/24 with Client #3 revealed: -AFL Provider #1 "gives me my medicine. She puts it in the cup, and I take them." -"I take Ozempic. They told me what it was for, but I forgot. I have [AFL Provider #1] get it out for me from the box where it's locked, and I take it	V 118		

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myself. She tells me what to dial it up to and I put it in my arm ..."
-Did not sanitize the injection site prior to giving himself an injection. "I don't need to use alcohol pads ever. Not for my sugar or for my medicines. I don't think I need to."
-"The testosterone, I take once a month. [AFL Provider #1] gives me the medicine and the needle and tells me what to draw up. It also says it on the side of the box. I put it in my arm."
-Had not received education on how to self-administer medications since prior to moving into the facility. "The nurse showed me how to do it in the other group home where I lived ...I don't need anyone with me. Sometimes [AFL Provider #1] is near me, sometimes not. I know what to do."

Interview on 6/10/24 with the local pharmacist revealed:
-"Prepping an injection site is important. The importance of prepping the injection site is taught each time we (pharmacists) provide education for an injection or procedure that breaks the skin. We are required to tell the patient to sanitize with alcohol, we can't leave this step out when teaching. They must swab the site with alcohol first. While infection is possible from dirt on the skin, the main reason is our skin is colonized with staph (staphylococcus) aureus which naturally live on the skin or in the nasal cavity. Staph aureus are gram positive bacteria and if it's allowed to enter the internal tissues or bloodstream it can cause a wide variety of potentially serious infections."

Interview on 6/3/24 with AFL Provider #1 revealed:
-Previously provided care to 1 adult client in an unlicensed AFL for 10 years.

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V 118	Continued From page 8 -Recently became licensed and has been caring for 3 adult clients since October 2023. -"It's been a learning curve." -"[Client #3] injects the testosterone into his arm himself. He injects the Ozempic himself also. I was not aware he needed a doctor's order to do that. I don't think we have one, it's not in his book." -Clients' MARs were prepared by the pharmacy. -She compared the clients' medication labels to the MARs to make sure they matched. -The errors on the MARs were "a documentation error on my part. I got overwhelmed and I sometimes get excited and, in a rush, when filling out this stuff (MARs) and go a little too fast. I have to slow down and take my time with documenting. One good thing is the meds (medications) are in a bubble pack, so at least they're (clients) getting what they need. I'm overlooking what I'm supposed to be signing. I'm not popping the wrong meds out of a bottle. They (clients) get the bubble pack, so it's a paperwork error on my part. I made an error on the MAR in April and had to pull out extra sheets and start a new one for the end of the month. I didn't realize Topamax was on there twice. I should have read it more carefully. I'm going to start documenting better." Interview on 6/3/24 and 6/13/24 with the Qualified Professional (QP) revealed: -There was no physician's order on file for Client #3 to self-administer his injections. -"This has been an eye-opening experience for [AFL Provider #1] with the issues with the MARs. She wasn't comparing the meds with the MARs when she was picking them up. The nurse has reviewed all meds, and we received all new scripts (prescriptions) and it's good to go now. If [AFL Provider #1] has questions, she will be	V 118		

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V 118	Continued From page 9 directed to the nurse who trains on the MARs, so she can correctly document. Also, we are getting a letter for [Client #3] to self-administer his medications and it should be getting scanned into our office. [AFL Provider #1] told me [Client #3] has alcohol pads. She buys them for him." Interview on 6/14/24 with the Chief Executive Officer (CEO) revealed: -"Our RN (Registered Nurse) will re-educate [Client #3] on the importance of following all steps for each injection. [AFL Provider #1] will observe each injection from now on. QPs make monthly visits to the AFLs, and they check the MARs, but the visits are usually announced. We have a compliance officer who makes unannounced visits. The compliance officer had not visited Pittman Home (facility) yet but will start making unannounced visits there. If anything is identified as being out of compliance by the QP, or the compliance officer then [AFL Provider #1] will be re-trained." Due to the failure to accurately document medication administration, it could not be determined if clients received their medication as ordered by the physician. Review on 6/4/24 of a Plan of Protection completed and signed by the Chief Executive Officer on 6/4/24 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? o AFL Staff is calling pharmacy for all updated scripts and checking the MAR with the scripts to ensure the correct medications are noted. o Staff will ensure that they document every time a medication is given. o Staff will obtain medication order for self-administration of any medication and update	V 118		

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V 118	Continued From page 10 it annually. o Staff will ensure that even if a member has a self-administration order from the doctor that they are ensuring that member is accurately following protocols. o Staff is adding the continuous pump to the MAR. Describe your plans to make sure the above happens. o QP will visit AFL home on 6/5/2024 to ensure all above steps have taken place. o CEO will receive a copy of the completed steps by 6/5/2024. Additional items being completed to help address the systematic errors within the agency are to: 1. Complete more surprise visits by QP and Compliance Specialist (scheduled visits reflect completion of MAR) 2. Any errors noted will being immediately written up with a warning. 2nd time error is found, CCHC (Community Companion Home Care, LLC/Licensee) will promptly notify AFL of loss of license and act accordingly. 3. CCHC is updating the AFL contract to reflect these changes and acknowledgement of the changes along with acknowledgment of any fees due to AFL error will be the responsibility of the AFL. CCHC has completed additional training for these homes and has no other option to fix these issues but to hold AFL fully accountable for upholding all requirements of being licensed." The facility served 3 clients with diagnoses including but not limited to Mild to Severe Intellectual Disabilities; Chronic Pain Syndrome; Cerebral Palsy; Mild Intermittent Asthma; Overflow Incontinence; Post Traumatic Stress Disorder; Transsexualism; Major Depressive Disorder without Psychotic Features; Dysphagia;	V 118		

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V 118	Continued From page 11 Bipolar Disorder; Intermittent Explosive Disorder and Unspecified Dementia. Clients #1 and #2 were prescribed a variety of medications which included controlled and psychotropic medications such as Belsomra, Morphine, Baclofen, Topiramate, Buspirone, Chlorpromazine, Trazodone, and Olanzapine. The MARs for Client #1 and Client #2 were not maintained to accurately reflect which medications had been administered and it was unclear if clients received their medications as prescribed. Client #1's MARs indicated 281 doses of medications which had not been initialed as administered and 32 entries of medications initialed as being double dosed. There was no documentation on any of Client #1's MARs to demonstrate she was receiving morphine and baclofen through a continuous infusion pump 24 hours per day. Client #2's MARs indicated 74 doses of medications which had not been initialed as administered and 31 entries of medications initialed as being double dosed. Additionally, on 6/3/24 between 9:50 am -10:05 am Client #1's 8:00 pm dose of Prazosin and Client #2's 8:00 pm dose of Ciclopirox were already initialed on the MARs as having been administered. Client #3 was self-administering intramuscular injections of Testosterone and subcutaneous injections of Ozempic. There was no physician's order, or documentation of Client #3 having been assessed for the capability to self-administer the injections. Client #3 did not sanitize the injection site prior to injecting the medications, and there was no evidence he had been educated on the process of how to avoid the risk of a serious infection. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 118		

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V 290	Continued From page 12	V 290		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on	V 290		

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	MHL059-103	A. BUILDING: _____ B. WING _____	06/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PITTMAN HOME	267 MOODYTOWN ROAD MARION, NC 28752

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V 290	Continued From page 13 duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a minimum of one staff was present at all times except when the client's treatment or habilitation plan documented that the client was capable of remaining in the facility without supervision for a specified period of time affecting 1 of 3 clients (Client #1). The findings are: Review on 6/3/24 and 6/10/24 of Client #1's record revealed: -Date of Admission: 1/26/23. -Diagnoses: Mild Intellectual Disabilities; Chronic Pain Syndrome; Cerebral Palsy; Mild Intermittent Asthma; Overflow Incontinence; Post Traumatic Stress Disorder; Transsexualism; Major Depressive Disorder without Psychotic Features; Dysphagia. -Admission assessment dated 1/26/23: Non-ambulatory; requires assistance to make bed, clean room, care for personal items, shampoo hair, bathe/shower, toilet, cook simple meals, dress/undress self, tie shoes, and shave. -No assessment of Client #1's ability to remain at the facility without the presence of staff. -Treatment plan dated 2/1/24 had no goals, or strategies to support unsupervised time.	V 290		

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V 290	Continued From page 14 Review on 6/4/24 of an email dated 6/4/24 from the Qualified Professional (QP) to the Division of Health Service Regulation (DHSR) Surveyor revealed: -" ...We (Community Companion Home Care, LLC/Licensee) do not have an assessment for [Client #1]'s capability of being without supervision. Her physician is also being contacted ..." Interview on 6/3/24 and 6/10/24 with Client #1 revealed: - "I need help with hygiene, bathing, toileting, dressing, cooking and some activities of daily living." -Non-ambulatory but had the ability to transfer herself to and from the bed and wheelchair. -Allowed to have up to 2 hours of unsupervised time without the presence of staff at the facility. -"Usually, I'll have my food made before anybody leaves, so I don't get hungry when they (Alternative Family Living (AFL) Staff) are away. Same with drinks, We make sure my cup is filled before they go ...I have my own cell phone and it's charged at all times." -If she required the use of an as needed (PRN) medication while alone at the facility, she stated, "In that instance, to be totally honest if I needed one, I'm not really sure, but I've never been in that scenario before." Interview on 6/3/24 with AFL Provider #1 revealed: -"[Client #1] is allowed unsupervised time. It's on her treatment plan." -The other clients residing at the AFL have no unsupervised time. Interview on 6/10/24 with AFL Provider #1	V 290		

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V 290	Continued From page 15 revealed: - The doctor is in the process of making an appointment for Client #1 to be assessed to have alone time. -Client #1 could "transfer to and from her wheelchair independently. If she needs to use the restroom, she uses the urinal ...She is able to exit if there's a fire ...I've had [Client #1] go out the back door and out the front door. The back door is 36 inches and I'm having a new 36-inch front door installed too. It's already outside near the deck. I usually don't leave [Client #1] her alone, but when I do I make sure she has food, drink and all of her scheduled medications have been received before I leave. She's getting a lot of her PRN meds (medications) discontinued because she doesn't use them. If she ever felt bad, or just didn't seem well, I wouldn't leave her. The maximum amount of time is during church. She doesn't like to attend church, so that's usually about 1 hour and we come straight back. It's only 5 minutes down the road and so it's usually 10:50 am when we leave to a few minutes after 12 noon when we return. I've only done that once." Interview on 6/4/24 with the QP revealed: -Client #1 was her own guardian. -Client #1 "requests time by herself. It was talked about before at her old AFL, but it wasn't licensed. They all went to church and [Local Management Entity (LME)/Managed Care Organization (MCO) Care Manager] was okay with that as long as [Client #1] had her phone. I only recall her being alone at the unlicensed AFL. I'm not aware of her having alone time at her current placement." Interview on 6/14/24 with the Chief Executive Officer (CEO) revealed: -Was not aware AFL Provider #1 had been	V 290		

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V 290	Continued From page 16 allowing Client #1 to have unsupervised time at the facility. -AFL Provider #1 "has received an order from the doctor for a certain amount of unsupervised time for [Client #1]. I haven't seen it yet, but it will be scanned into our system."	V 290		