

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/11/2024
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NAME OF PROVIDER OR SUPPLIER CARE HEALTH SERVICES 1	STREET ADDRESS, CITY, STATE, ZIP CODE 111 RAINEY AVENUE HILLSBOROUGH, NC 27278
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on July 11, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. 	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have complete personnel records affecting one of three audited staff (#2). The findings are:</p> <p>Review on 7/10/24 of the personnel record for staff #2 revealed: -Date of hire was 8/23/21. -Hired as a Habilitation Technician. -No educational verification.</p> <p>Interview on 7/10/24 with the Assistant Director revealed: -She was responsible for the personnel records. -They just recently moved to a new office.</p>	V 107		

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V 107	Continued From page 2 -She thought some of the documentation for staff had not been placed in their personnel records. -She confirmed she failed to complete the personnel record for staff #2.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.	V 108		

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V 108	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure one of three audited staff (#2) had training in Cardiopulmonary Resuscitation (CPR) and First Aid (FA). The findings are:</p> <p>Review on 7/10/24 of the personnel record for staff #2 revealed: -Date of hire was 8/23/21. -Hired as a Habilitation Technician. -No documentation of CPR and FA training.</p> <p>Interview on 7/10/24 with staff #1 revealed: -Staff #2 worked at the facility as needed. -Staff #2 worked alone with the clients. -He wasn't sure if staff #2 had a recent CPR and FA training. -The Assistant Director was responsible for "keeping up with their trainings."</p> <p>Interviews on 7/10/24 and 7/11/24 with the Assistant Director revealed: -She was responsible for the personnel records. -Staff #2 had CPR and FA training. -Staff #2 took the CPR and FA training certificate out of her personnel record. -Staff #2 never put the certificate back into the record. -She confirmed staff #2 had no documentation of training in CPR and FA.</p>	V 108		
V 114	27G .0207 Emergency Plans and Supplies	V 114		

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V 114	<p>Continued From page 4</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are:</p> <p>Review on 7/9/24 of the facility's fire and disaster drill log from October 2023-July 2024 revealed:</p> <ul style="list-style-type: none"> -There were no fire drills conducted for the 2nd quarter (April, May, June) of 2024. -There were no disaster drills conducted for the 2nd quarter (April, May, June) of 2024. -There were no disaster drills conducted for the 1st quarter (January, February, March) of 2024. -There were no disaster drills conducted during 	V 114		

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V 114	<p>Continued From page 5</p> <p>the 4th quarter (October, November, December) of 2023.</p> <p>Interview on 7/9/24 with client #1 revealed: -They did fire drills at the facility with staff. -They walked outside and to the side of the facility for fire drills. -They also did disaster drills with staff. -They went into the hallway for the disaster drills. -They did fire and disaster drills about every 6 months.</p> <p>Interview on 7/9/24 with client #2 revealed: -They did fire drills at the facility with staff. -They walked out the back door and walked to the side of the facility for fire drills. -They also did disaster drills. -They went into the hallway for the disaster drills. -They had not done fire and disaster drills in about 8 months.</p> <p>Interview on 7/9/24 with client #3 revealed: -They did fire drills at the facility with staff. -They walked outside and stood near the mailbox for fire drills. -They had not done any disaster drills with staff.</p> <p>Interview on 7/9/24 with staff #1 revealed: -Staff in the facility worked 7 days on/7 days off or weekends. -He just recently conducted a fire drill with the clients. -He thought other staff were doing disaster drills. -He had not done any disaster drills. -He talked with staff about doing fire and disaster drills. -He wasn't sure why the drills were not done by staff. -He confirmed failed to conduct fire and disaster drills quarterly on each shift.</p>	V 114		

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V 114	Continued From page 6 Interview on 7/11/24 with the Assistant Director confirmed: -Staff failed to conduct fire and disaster drills quarterly on each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

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V 118	<p>Continued From page 7</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interview, the facility failed to keep the MARs current affecting two of three audited clients (#1 and #3) and failed to have physician's orders affecting two of three audited clients (#2 and #3). The findings are:</p> <p>1. Observation on 7/9/24 at approximately 12:30 pm of client #3's medication bin revealed: -Rosuvastatin 10 milligrams (mg) (High Cholesterol). -Benzotropine Mesylate 0.5 mg (Involuntary Movements).</p> <p>Review on 7/9/24 of client #1's record revealed: -Admission date of 10/3/08. -Diagnoses of Schizophrenia, History of Substance Abuse, Gastroesophageal Reflux Disease, Constipation, Tardive Dyskinesia, Tinea Pedis, Urinary Incontinence, Small Bowel Obstruction and Mild Chronic Renal Insufficiency. -Physician's order dated 8/9/23 for Lactulose 10 gram (gm)/15 milligrams (ml) solution (Constipation), take one teaspoonful 3 times daily.</p> <p>Review on 7/9/24 of the July MAR 2024 for client #1 revealed: -There were no staff initials as administered on 7/2 thru 7/8 2pm for Lactulose 10 gm/15 ml</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>solution.</p> <p>Review on 7/9/24 of client #3's record revealed: -Admission date of 3/20/10. -Diagnoses of Chronic Paranoid Schizophrenia, Cervical Stenosis, Hypertension, Obesity and Chronic low back pain. -Physician's order dated 6/11/24 for Rosuvastatin 10 mg, one tablet at bedtime and Benztropine Mesylate 0.5 mg, 3 tablets in the morning. -Physician's order dated 8/30/23 for Simvastatin 40 mg (High Cholesterol), one tablet at bedtime. -Discontinuation order dated 6/11/24 for Simvastatin 40 mg.</p> <p>Review on 7/9/24 of the July MAR 2024 for client #3 revealed: -Rosuvastatin 10 mg and Benztropine Mesylate 0.5 mg were not listed on the MAR. -Simvastatin 40 mg was listed and staff put initials as administered on 7/1 thru 7/8.</p> <p>Interview on 7/9/24 with staff #1 revealed: -Client #1 was administered the Lactulose at 2pm. -Staff just forgot to sign off the medication was administered for client #1. -He forgot to add the Rosuvastatin and Benztropine Mesylate to client #3's July 2024 MAR. -Client #3 did get the Rosuvastatin and Benztropine Mesylate in July 2024. -There were no issues with clients #1 and #3 getting their prescribed medications. -He knew the Simvastatin was discontinued for client #3. -He had no explanation for why staff continued to sign the Simvastatin was being given. -He confirmed the MARs were not kept current for clients #1 and #3.</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>2.Review on 7/9/24 of client #2's record revealed: -Admission date of 8/13/21. -Diagnoses of Schizophrenia, Diabetes, Hypertension and Seizure Disorder. -There were no physician's orders for the medications below.</p> <p>Observation on 7/9/24 at approximately 1:05 pm client #2's medication bin revealed: The following medications were available for administration- Metformin HCL 1000 mg (Diabetes) Symbicort 160-4.5 micrograms (mcg) inhaler (Asthma) Vitamin B-12 1000 mcg (Vitamin Deficiency)</p> <p>Review on 7/9/24 of client #3's record revealed: -There were no physician's order for the medication below.</p> <p>Observation on 7/9/24 at approximately 12:30 pm of client #3's medication bin revealed: The following medications were available for administration -Acetaminophen 325 mg (Pain Relief) -Bisacodyl Suppository 10 mg (Constipation)</p> <p>Interview on 7/9/24 with staff #1 revealed: -He thought client #2 had all of his physician's orders in his record. -Client #3 didn't take the Acetaminophen and Suppositories. -He confirmed there were no physician orders for clients #1 and #3.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

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V 119	Continued From page 10	V 119		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(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.</p> <p>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.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled 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> </p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interview, the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting</p>	V 119		

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V 119	<p>Continued From page 11</p> <p>two of three audited clients (#1 and #3). The findings are:</p> <p>Observation on 7/9/24 at approximately 12:07 pm of client #1's medication bin revealed: -Lactulose 10 grams (gm)/15 milligrams (ml) solution (Constipation) expired on 10/4/23</p> <p>Review on 7/9/24 of client #1's record revealed: -Admission date of 10/3/08. -Diagnoses of Schizophrenia, History of Substance Abuse, Gastroesophageal Reflux Disease, Constipation, Tardive Dyskinesia, Tinea Pedis, Urinary Incontinence, Small Bowel Obstruction and Mild Chronic Renal Insufficiency. -Physician's order dated 8/9/23 for Lactulose 10 gm/15 ml solution, take one teaspoonful 3 times daily.</p> <p>Review on 7/9/24 of MAR's for client #1 revealed: -July 2024-Lactulose 10 gm/15 ml solution was administered on 7/1 thru 7/9 8am; 7/1 2pm and 7/1 thru 7/8 8pm -June 2024-Lactulose 10 gm/15 ml solution was administered on 6/1 thru 6/30 for all three doses -May 2024-Lactulose 10 gm/15 ml solution was administered on 5/1 thru 5/31 for all three doses</p> <p>Observation on 7/9/24 at approximately 12:30 pm of client #3's medication bin revealed: -Vitamin D3 1000 International Unit (IU) (Bone Health) expired on 4/11/24 -Acetaminophen 325 milligrams (mg) (Pain Relief) expired on 11/25/23 -Bisacodyl Suppository 10 mg (Constipation) expired on 6/8/23</p> <p>Review on 7/9/24 of client #3's record revealed: -Admission date of 3/20/10. -Diagnoses of Chronic Paranoid Schizophrenia,</p>	V 119		

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V 119	<p>Continued From page 12</p> <p>Cervical Stenosis, Hypertension, Obesity and Chronic low back pain. -Physician's order dated 8/30/23 for Vitamin D3 1000 IU, one tablet daily.</p> <p>Review on 7/9/24 of MAR's for client #3 revealed: -July 2024-Vitamin D3 1000 IU, Acetaminophen 325 mg and Bisacodyl Suppository 10 mg were not administered. -June 2024-Vitamin D3 1000 IU, Acetaminophen 325 mg and Bisacodyl Suppository 10 mg were not administered -May 2024-Vitamin D3 1000 IU and Bisacodyl Suppository 10 mg were not administered. Acetaminophen 325 mg was administered on 5/11 am and 5/12 pm.</p> <p>Interview on 7/9/24 with staff #1 revealed: -He didn't realize some of the medications expired for clients #1 and #3. -"Whenever I do medications I just pull the medications." -"I don't always pay attention to the dates on the medication label." -He confirmed facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion.</p>	V 119		